

Determining Eligibility for Special Education in South Dakota

A Technical Assistance Document



**Developed by the
State of South Dakota
Department of Education
Office of Educational Services and Support,
Special Education Programs
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Pierre, SD 57501**

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It is the policy of the South Dakota Department of Education to provide services to all persons without regard to race, creed, religion, sex, disability, ancestry, or national origin in accordance with State Law (SDCL 20-13) and Federal Law (Title VI of Civil Rights Act of 1964, the Rehabilitation Act of 1973 as amended, and the Americans with Disabilities Act of 1990).

MISSION STATEMENT

Special Education Programs

South Dakota Department of Education

Special Education Programs, located in the South Dakota Department of Education advocates for the availability of the full range of personnel, programming, and placement options, including early intervention and transition services, required to assure that all individuals with disabilities are able to achieve maximum independence upon exiting from school. In accomplishing this mission, Special Education Programs:

1. Provides the leadership and technical support essential for school districts, other public agencies, and families to meet the individualized needs of children and youth with disabilities eligible for early intervention programming, special education, or special education and related services;
2. facilitates and, where federal and/or state policy mandates, oversees collaboration among all agencies and individuals involved in the provision of early intervention programming and special education or special education and related services;
3. ensures statewide compliance with all state and federal mandates governing the provision of early intervention programming, special education or special education and related services; and
4. administers the distribution of state and federal funds appropriated to assure the provision of early intervention programming, special education, or special education and related services for all eligible infants, toddlers, children and youth with disabilities.

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ADMINISTRATIVE RULES OF SOUTH DAKOTA
PERTAINING TO ELIGIBILITY FOR SPECIAL EDUCATION IN SOUTH
DAKOTA

CHAPTER 24:05:24.01

ELIGIBILITY CRITERIA

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24:05:24.01:01. Students with disabilities defined.

Students with disabilities are students evaluated in accordance with chapter 24:05:25 as having autism, deaf-blindness, deafness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairments, emotional disturbance, specific learning disabilities, speech or language impairments, traumatic brain injury, or visual impairments including blindness, which adversely affects educational performance, and who, because of those disabilities, need special education or special education and related services. If it is determined through an appropriate evaluation, under chapter 24:05:25, that a student has one of the disabilities identified in this chapter, but only needs a related service and not special education, the student is not a student with a disability under this article. If, consistent with this chapter, the related service required by the student is considered special education, the student is a student with a disability under this article.

24:05:24.01:02. Screening procedures for autism.

If a student is suspected of having autism, screening procedures for autism shall include a review of any medical, hearing, and vision data on the student; the history of the student's behavior; and the student's current patterns of behavior related to autism.

24:05:24.01:03. Autism defined.

Autism is a developmental disability that significantly affects verbal and nonverbal communication and social interaction and results in adverse effects on the student's educational performance.

Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

The term does not apply if the student's educational performance is adversely affected primarily because the student has an emotional disturbance as defined under Part B of Individuals with Disabilities Education Act.

24:05:24.01:04. Diagnostic criteria for autism.

An autistic disorder is present in a student if at least six of the following twelve characteristics are expressed by a student with at least two of the characteristics from subdivision (1), one characteristic from subdivision (2), and one characteristic from subdivision (3):

(1) Qualitative impairment in social interaction, as manifested by at least two of the following:

(a) Marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures, to regulate social interaction;

(b) Failure to develop peer relationships appropriate to developmental level;

(c) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, such as a lack of showing, bringing, or pointing out objects of interest;

(d) Lack of social or emotional reciprocity;
(2) Qualitative impairment in communication as manifested by at least one of the following:

(a) Delay in, or total lack of, the development of spoken language not accommodated by an attempt to compensate through alternative modes of communication, such as gesture or mime;

(b) In an individual with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others;

(c) Stereotyped and repetitive use of language or idiosyncratic language;

(d) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level;

(3) Restricted repetitive and stereotyped patterns of behavior, interests, and activities as manifested by at least one of the following:

(a) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus;

(b) Apparently inflexible adherence to specific, nonfunctional routines or rituals;

(c) Stereotyped and repetitive motor mannerisms, such as hand or finger flapping or twisting, or complex whole-body movements;

(d) Persistent preoccupation with parts of objects.

A student with autism also exhibits delays or abnormal functioning in at least one of the following areas, with onset generally prior to age three: social interaction, language used as a social communication, or symbolic or imaginative play. A student who manifests the characteristics of autism after age three could be diagnosed as having autism if the criteria in this section are satisfied.

24:05:24.01:05. Diagnostic procedures for autism.

School districts shall refer students suspected as having autism for a diagnostic evaluation to an agency specializing in the diagnostic and educational evaluation of autism or to another multidisciplinary team or group of persons who are trained and experienced in the diagnosis and educational evaluation of persons with autism.

A student suspected of autism must be evaluated in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

The evaluation shall utilize multiple sources of data, including information from parents and other caretakers, direct observation, performance on standardized tests of language/communication and cognitive functioning and other tests of skills and performance, including specialized instruments specifically developed for the evaluation of students with autism.

24:05:24.01:06. Instruments used in diagnosis of autism.

Instruments used in the diagnosis of students suspected of having autism include those which are based on structured interviews with parents and other caregivers, behavior rating scales, and other objective behavior assessment systems.

Instruments used in the diagnosis of students with autism must be administered by trained personnel in conformance with the instructions provided by their producer.

No single instrument or test may be used in determining diagnosis or educational need. Specific consideration must be given to the following issues in choosing instruments or methods to use in evaluating students who are suspected of having autism:

- (1) The student's developmental level and possible deviations from normal development across developmental domains;
- (2) The student's primary mode of communication;
- (3) The extent to which instruments and methods identify strengths as well as deficits; and
- (4) The extent that instruments and methods are tailored to assess skills in relationship to everyday activities and settings.

24:05:24.01:07. Deaf-blindness defined.

Deaf-blindness means that hearing and visual impairments affect a student at the same time. Students may be identified as deaf-blind when both vision and hearing impairments exist which are so severe that their sensory acuity cannot be determined and adaptations in both auditory and visual modes are required, or there is no response to auditory and visual stimuli.

24:05:24.01:08. Deafness defined.

Deafness is a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, even with amplification.

A student may be identified as deaf when the unaided hearing loss is in excess of 70 decibels and precludes understanding of speech through the auditory mechanism, even with amplification, and demonstrates an inability to process linguistic information through hearing, even with amplification.

24:05:24.01:09. Developmental delay defined.

A student three, four, or five years old may be identified as a student with a disability if the student has one of the major disabilities listed in §24:05:24.01:01 or if the student experiences a severe delay in development.

A student with a severe delay in development functions at a developmental level two or more standard deviations below the mean in any one area of development specified in this section or 1.5 standard deviations below the mean in two or more areas of development.

The areas of development are cognitive development, physical development, communication development, social and emotional development, and adaptive functioning skills.

The student may not be identified as a student with a disability if the student's delay in development is due to factors related to environment, economic disadvantage, or cultural difference.

A district is not required to adopt and use the term developmental delay for any students within its jurisdiction. If a district uses the term developmental delay, the district must conform to both the division's definition of the term and to the age range that has been adopted by the division.

A district shall ensure that all of the student's special education and related services needs that have been identified through the evaluation procedures described under chapter [24:05:25](#) are appropriately addressed.

24:05:24.01:10. Hearing impairment defined.

A student may be identified as hearing impaired if an unaided hearing loss of 35 to 69 decibels is present that makes the acquisition of receptive and expressive language skills difficult with or without the help of amplification.

24:05:24.01:11. Mental retardation defined.

Mental retardation is significantly below-average intellectual functioning existing concurrently with deficits in adaptive behavior and is generally manifested before age eighteen. The required evaluative components for identifying a student with mental retardation are as follows:

(1) General intellectual functioning two standard deviations or more below the mean as determined by the full scale score on an individual cognitive evaluation, plus or minus standard error of measurement, as determined in accordance with § 24:05:25:04; and

(2) Exhibits deficits in adaptive behavior and academic or preacademic skills as determined by an individual evaluation in accordance with § 24:05:25:04.

24:05:24.01:12. Multiple disabilities defined.

Multiple disabilities means that two or more of the following disabilities affect the student at the same time: deafness, mental retardation, orthopedic impairment, other health impairment, serious emotional disturbance, speech or language impairment, traumatic brain injury, and visual impairment including blindness. The term does not include deaf-blindness.

24:05:24.01:13. Orthopedic impairment defined.

Orthopedic impairment is an impairment caused by a congenital anomaly, such as club foot or absence of some member; a disease, such as poliomyelitis, or bone tuberculosis; or another cause, such as cerebral palsy, an amputation, or a fracture or burn that causes contractures.

There must be evidence of the following:

(1) That the student's impaired motor functioning significantly interferes with educational performance;

(2) That the student exhibits deficits in muscular or neuromuscular functioning that significantly limit the student's ability to move about, sit, or manipulate materials required for learning;

(3) That the student's bone, joint, or muscle problems affect ambulation, posture, or gross and fine motor skills; and

(4) That current medical data by a qualified medical evaluator describes and confirms an orthopedic impairment.

24:05:24.01:14. Other health impaired defined.

Other health impaired means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, because of a chronic or acute health problem, such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, attention deficit disorder or attention deficit hyperactivity disorder, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, that adversely affects a student's educational performance.

Adverse effects in educational performance must be verified through the multidisciplinary evaluation process as defined in §24:05:13:01(18).

24:05:24.01:15. Prolonged assistance defined.

Children from birth through two may be identified as being in need of prolonged assistance if, through a multidisciplinary evaluation, they score two standard deviations or more below the mean in two or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.

24:05:24.01:16. Emotional disturbance defined.

Emotional disturbance is a condition that exhibits one or more of the following characteristics to a marked degree over a long period of time:

- (1) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (3) Inappropriate types of behavior or feelings under normal circumstances;
- (4) A general pervasive mood of unhappiness or depression; or
- (5) A tendency to develop physical symptoms or fears associated with personal or school problems.

An emotional disturbance is not a transient expected response to stressors in the individual's environment; or misbehavior that can generally be corrected by environmental intervention. Environmental intervention includes feedback to the individual, advice to parents, and modifications and strategies addressed through teacher assistance team programs, or similar programs.

The term, emotional disturbance, includes schizophrenia. The term does not apply to a student who is socially maladjusted unless a multidisciplinary evaluation team determines pursuant to §24:05:24.01:17 that the student has an emotional disturbance.

24:05:24.01:17. Criteria for emotional disturbance.

A student may be identified as emotionally disturbed if the following requirements are met:

(1) The student demonstrates serious behavior problems over a long period of time, generally at least six months, with documentation from the school and one or more other sources of the frequency and severity of the targeted behaviors;

(2) The student's performance falls two standard deviations or more below the mean in emotional functions, as measured in school, home, and community on nationally normed technically adequate measures; and

(3) An adverse effect on educational performance is verified through the multidisciplinary evaluation process as defined in §24:05:13:01(18).

A student may not be identified as having an emotional disturbance if common disciplinary problem behaviors, such as truancy, smoking, or breaking school conduct rules, are the sole criteria for determining the existence of an emotional disturbance.

24:05:24.01:18. Specific learning disability defined.

Specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to students who have learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; emotional disturbance; or environmental, cultural, or economic disadvantage.

24:05:24.01:19. Criteria for specific learning disability.

A student may be identified as having a specific learning disability under the following circumstances:

(1) The student does not achieve commensurate with the student's age and ability levels in one or more of the areas listed in subdivision (2) of this section when provided with learning experiences appropriate for the student's age and ability levels; and

(2) The team finds that a student has a severe discrepancy of 1.5 standard deviations between achievement and intellectual ability in one or more of the following areas:

- (a) Oral expression;
- (b) Listening comprehension;
- (c) Written expression;
- (d) Basic reading skill;
- (e) Reading comprehension;
- (f) Mathematical calculation; or
- (g) Mathematical reasoning.

The team must consider regression to the mean in determining the above discrepancy.

When using a measure of intellectual functioning which has verbal and performance subscales, the total score must be used unless there is a difference of more than one standard deviation between the two scores. If there is a difference of more than one standard deviation between the two subscales, the higher scale must be used.

24:05:24.01:20. Speech or language disorder defined.

Speech or language impairment is a communication disorder such as stuttering, impaired articulation, a language disorder, or a voice disorder.

24:05:24.01:21. Articulation disorder defined.

Articulation disorders include all non-maturational speech deviations based primarily on incorrect production of speech sounds. Articulation disorders include omissions, substitutions, additions, or distortions of phonemes within words. Articulation patterns that can be attributed to cultural or ethnic background are not disabilities.

24:05:24.01:22. Criteria for articulation disorder.

A student may be identified as having an articulation disorder if one of the following criteria exist:

- (1) Performance on a standardized articulation test falls two standard deviations below the mean and intelligibility is affected in conversation;
- (2) Test performance is less than two standard deviations below the mean but the student is judged unintelligible by the speech and language clinician and one other adult;
- (3) Performance on a phonological assessment falls in the profound or severe range and intelligibility is affected in conversation; or
- (4) Performance on a phonological assessment falls in the moderate range, intelligibility is affected in conversation, and during a tracking period of between three and six months there was a lack of improvement in the number and type of errors; or
- (5) An error persists six months to one year beyond the chronological age when 90 percent of students have typically acquired the sound based on developmental articulation norms.

24:05:24.01:23. Fluency disorder defined.

A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.

24:05:24.01:24. Criteria for fluency disorder.

A student may be identified as having a fluency disorder if:

- (1) The student consistently exhibits one or more of the following symptomatic behaviors of dysfluency:
 - (a) Sound, symbolic, or word repetition;

- (b) Prolongations of sounds, syllables, or words;
 - (c) Blockages; or
 - (d) Hesitations.
- (2) There is a significant discrepancy from the norm as measured by speech sampling in a variety of contexts. A significant discrepancy from the norm is five dysfluencies a minute; or
- (3) The disruption occurs to the degree that the individual or persons who listen to the individual react to the manner of speech and the disruptions in a way that impedes communication.

24:05:24.01:25. Voice disorder defined.

A voice disorder is characterized by the production absence of vocal quality, pitch, loudness, resonance, duration which is inappropriate for an individual's age or gender, or both.

24:05:24.01:26. Criteria for voice disorder.

A student may be identified as having a voice disorder if:

- (1) Consistent deviations exist in one or more of the parameters of voice: pitch, quality, or volume;
- (2) The voice is discrepant from the norm for age, gender, or culture and is distracting to the listener; and
- (3) The disorder is not the result of a temporary problem, such as normal voice changes, allergies, colds, or similar conditions.

24:05:24.01:27. Language disorder defined.

A language disorder is a reduced ability, whether developmental or acquired, to comprehend or express ideas through spoken, written, or gestural language. The language disorder may be characterized by limited vocabulary, an inability to function through the use of words (pragmatics) and their meanings (semantics), faulty grammatical patterns (syntax and morphology), or the faulty reproduction of speech sounds (phonology). A language disorder may have a direct or indirect affect on a student's cognitive, social, emotional or educational development or performance and deviates from accepted norms. The term language disorder does not include students whose communication problems result solely from a native language other than English or from their dialectal differences.

24:05:24.01:28. Criteria for language disorder.

A student may be identified as having a language disorder as a primary disability if:

- (1) Through age eight, performance falls 1.5 standard deviations below the mean on standardized evaluation instruments; beginning at age nine, a difference is present of 1.5 standard deviations between performance on an individually administered

standardized language assessment instrument and measured expected potential as measured by an individually administered intelligence test; and

(2) The student's pragmatic skills, as measured by checklists, language samples, or observation, adversely affect the student's academic and social interactions.

24:05:24.01:29. Traumatic brain injury defined.

A traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The terms does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Adverse effects in educational performance must be verified through the multidisciplinary evaluation process as defined in §24:05:13:01(12).

24:05:24.01:30. Visual impairment including blindness defined.

Visual impairment including blindness is an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

A student with a visual impairment has a deficiency in visual acuity that, even with the use of lenses or corrective devices, requires special education or special education and related services.

Partial sight is one or more deficiencies in visual acuity, as follows:

- (1) Visual acuity of no better than 20/70 in the better eye after correction.
- (2) Restricted visual field.
- (3) Limited ability to move about safely in the environment because of visual disability.

Blindness is a deficiency in visual acuity of 20/200 or less in the better eye with correcting lenses or a limited field of vision in which the widest diameter subtends an angular distance of no greater than twenty degrees or has a medically indicated expectation of visual deterioration.

24:05:24.01:31. IEP team override.

If the IEP team determines that a student is eligible for special education or special education and related services because the student has a disability and needs special education even though the student does not meet specific requirements in this chapter, the IEP team must include documentation in the record as follows:

- (1) The record must contain documents that explain why the standards and procedures, that are used with the majority of students resulted in invalid findings for this student;

(2) The record must indicate what objective data were used to conclude that the student has a disability and is in need of special education. These data may include test scores, work products, self-reports, teacher comments, previous tests, observational data, and other developmental data;

(3) Since the eligibility decision is based on a synthesis of multiple data and not all data are equally valid, the team must indicate which data had the greatest relative importance for the eligibility decision; and

(4) The IEP team override decision must include a sign-off by the IEP team members agreeing to the override decision. If one or more IEP team members disagree with the override decision, the record must include a statement of why they disagree signed by those members.

The district director of special education shall keep a list of students on whom the IEP team override criteria were used to assist the state in evaluating the adequacy of student identification criteria.

24:05:27:22. Occupational therapy defined.

Occupational therapy, as a related service, includes the development of fine motor coordination; sensory motor skills; sensory integration; visual motor skills; use of adaptive equipment; consultation and training in handling, positioning, and transferring students with physical impairments; and independence in activities of daily living.

24:05:27:23. Criteria for occupational therapy.

A student may be identified as in need of occupational therapy as a related service if:

- (1) The student has a disability and requires special education;
- (2) The student needs occupational therapy to benefit from special education; and
- (3) The student demonstrates performance on a standardized assessment instrument that falls at least 1.5 standard deviations below the mean in one or more of the following areas: fine motor skills, sensory integration, and visual motor skills.

24:05:27:24. Physical therapy defined.

Physical therapy, as a related service, includes gross motor development; mobility; use of adaptive equipment; and consultation and training in handling, positioning, and transferring students with physical impairments.

24:05:27:25. Criteria for physical therapy.

A student may be identified as in need of physical therapy as a related service if:

- (1) The student has a disability and requires special education;
- (2) The student needs physical therapy to benefit from special education; and
- (3) The student demonstrates a delay of at least 1.5 standard deviations below the mean on a standardized motor assessment instrument.

INTRODUCTION

When the 1995 Legislature adopted its new funding system for special education, it also required DOE to develop administrative rules which “further define special education processes regarding student identification, the placement committee process and create an extraordinary cost oversight board.” Following this directive, DOE convened a special education task force. The task force, chaired by Representative Janice Nicolay, consisted of legislators, educational cooperative directors, superintendents, higher education representatives, local district special education directors and a parent representative. After more than a year of study, expert consultation and public testimony, the special education task force proposed a set of administrative rules which set forth identification criteria in major categories of disability.

Regarding student identification, or eligibility criteria, the task force decided to adopt the disability categories as defined in the federal Individuals With Disabilities Education Act (IDEA) and quantify, to the extent possible, the federal definitions. For example, the federal definition of specific learning disabilities speaks to a student exhibiting a “severe discrepancy between achievement and intellectual ability.” The task force defined “severe discrepancy” for South Dakota students at 1.5 standard deviations between achievement and intellectual ability.

While the task force reviewed student eligibility criteria from surrounding states, members focused on criteria currently used by several South Dakota school districts. Thus, administrative rules reflect, in large part, criteria that is used, and seems to work for many of our school districts.

The task force proposed a revised definition of children in need of “prolonged assistance.” This is a state-specific category pertinent to infants and toddlers, ages birth through two years, in need of early intervention. The category is important to school districts because districts are responsible for providing these children with early intervention services. The definition would narrow the scope of school district responsibility.

The task force also proposed definitions for occupational therapy and physical therapy as related service necessary to support special education. Due to a wide variability across the state of children receiving these therapies, the task force felt that criteria would bolster consistency in service provision.

Finally, the task force proposed a method of local IEP team override of eligibility criteria. The override is important because there are children who will not “fit” certain criteria, yet their need for special education instruction remains. Further, the federal Office of Special Education Programs requires this flexibility at the local level, particularly for students with specific learning disabilities. The IEP team override is to be used cautiously, not in a routine manner.

On June 28, 1996, the South Dakota Board of Education held a public hearing regarding proposed administrative rule for eligibility criteria, and passed those rules. However, the proposed definitions for occupational therapy and physical therapy were not adopted due to concerns expressed by parents and professionals to the board. The definitions were revisited at a later date. The final definitions for occupational therapy and physical therapy were adopted by the South Dakota Board of Education on January 27, 1997.

The definition for mental retardation was called into question during the inservice training for the eligibility criteria. A revised definition for mental retardation was adopted by the South Dakota Board of Education on January 27, 1997.

Regardless of the category under which a student is eligible for special education, the disabling condition does not affect the way the special education program is developed or where the services occur. Eligibility determination is a separate process from developing an individual education program and determining placement.

STATISTICAL OVERVIEW

Choosing appropriate assessment instruments is a vital step in the evaluation process. Having a basic understanding of the terms and concepts used provides the evaluator with the skills to ensure that the student will be appropriately evaluated.

- A. Norm Referenced/Criterion Referenced
 - 1. Norm referenced instruments compare a student's performance to same age peers, which indicates a student's ranking relative to that group.
 - a. norm referenced instruments provide standard scores, percentiles/stanines, and standard deviation scores.
 - b. examples: K-TEA, Key Math, PPVT
 - 2. Criterion referenced instruments compare a student's performance in certain skill areas to the student himself, rather than to same age peers. Criterion referenced tests provide useful information for program planning for the individual student.
 - a. can obtain percentage and/or age equivalent.
 - b. examples: Brigance, Spellmaster, HELP
- B. Standardization:
 - 1. The test selected must be representative of the student to be evaluated.
 - 2. The sample should be based on the most recent census data of the United States according to:
 - age
 - race
 - ethnicity
 - grade
 - socioeconomic status
 - place of residence (urban/rural)
 - geographic location
 - 3. To be adequately standardized, there must be at least 100 children per age or grade level.
 - 4. The standardization sample should be relatively current because of the rapidly expanding knowledge base that exists for children today.
- C. Reliability:
 - 1. Reliability is the consistency and accuracy of test scores.
 - 2. A reliability coefficient expresses the degree of consistency in measurement of the test scores. The reliability coefficient (r) ranges from 1.00 (indicating perfect reliability) to .00 (indicating absence of reliability).
 - 3. The standard error of measurement (SEM) provides an estimate of the accuracy of the individual score, given each type of error possible in a test. Factors to consider:
 - a. the lower the SEM, the better, and

- b). use the range when reporting test scores, for example: standard score=90 SEM=5, report that the score falls within a range of 85-95.
- D. Three types of reliability data:
1. Test/retest (stability) reliability measures how stable the scores are over time. The test is administered to the same group of children two times using a specified interval, then correlated to determine consistency. Generally, achievement tests are best if a 2-week interval is used, and for ability tests (IQ) are best if a 30 day interval is used.
 2. Alternate form reliability is obtained when two equivalent tests are administered to the same group of children and the results are correlated.
 3. Internal consistency (split-half) reliability is obtained when the test is administered to a group of children and the answers are divided into odd/even, then correlated.
- E. Factors that affect reliability:
1. the number of items on the test;
 2. the interval between testing;
 3. guessing (multiple choice tests);
 4. effects of memory and practice; and
 5. variations in the testing conditions.
- F. Reliability in general:
1. Reliability coefficients of .85 or greater are accepted as meeting the minimum criteria for a test used to make important educational decisions.
 2. For screening instruments, a reliability coefficient of .80 or higher is generally accepted as meeting minimum reliability criteria.
- G. Validity:
1. Answers the question - Does the test measure what it is supposed to measure?
 2. 3 types of validity data:
 - a. Content validity - determined by examining 3 factors:
 1. Are the test items relevant?
 2. Are there enough items on the entire test for each area and/or skill?
 3. Are the testing procedures appropriate?
 - b. Criterion-related validity - the extent to which the test results correlate with that student's performance on another measure of the same construct.
 1. Concurrent validity is how much the results agree with the results from another test measuring the same construct.
 2. Predictive validity is how well the results of the test predict the future success of the student (the higher the r the better)

- c. Construct validity - the extent to which the test measures the construct it purports to measure. Typically, research is reviewed and conducted to demonstrate the validity of a test to measure a trait or construct.
- H. Factors that affect validity include:
 - 1. reliability;
 - 2. intervening conditions; and
 - 3. test-related factors (e.g. anxiety, motivation, speed, directions, administration procedures).
- I. Choosing an assessment instrument for eligibility:
 - 1. must be normed on the student's age in order to compare current performance to other age peers; and
 - 2. must measure the skill areas identified through the referral process as areas of concern (i.e., reading, motor skills, language skills, etc).
- J. Interpreting the assessment results:
 - 1. The assessment needs to be administered and scored according to the directions given in the test manual. If there are any modifications or deviations from the way a test was standardized, this should be noted in any evaluation results or reports, stating that current results may not be valid due to testing modifications.
 - 2. Standard scores should always be reported. Standard scores are raw scores that have been converted to equal units of measurement. They have a given mean and standard deviation. Standard scores from one test are comparable to standard scores on other assessments, if based upon the same mean and standard deviation. Age equivalent scores should not be used in determining eligibility.
- K. General Information:
 - 1. Standard deviation is a measure of how spread out the things being compared are i.e. "This egg is a lot bigger than average." The standard deviation is a way of saying what "a lot" means.
 - Standard deviation is typically 15 points, but always refer to the test manual to determine standard deviation.
 - One standard deviation above and below the mean is average. A measurement of one and a half standard deviations (or 23 points) is considered below average.
 - 1. Standard error of measurement (SEM) indicates how much a person's score might vary if examined repeatedly with the same test. It is also a way of showing a test's reliability. Example: "80 + or - 5" means a standard score of 80 plus or minus 5 points is the anticipated range (75 to 85) a student would receive for a score if given the same test repeatedly. As a reminder, **when determining eligibility, the only time the SEM**

range is to be utilized is for the category of mental retardation. For all other disability categories, the standard score received must be used.

3. Regression equations – “The equation takes into account regression-to-the mean effects, which occur when the correlation between two measures is less than perfect, and the standard error of measurement of the difference score. The regression-to-the mean effect means that children who are above average on one measure will tend to be less superior on the other, whereas those who are below average on the first measure will tend to be less inferior on the second. Use of the most effective regression equation requires knowledge of the correlation between the two tests used in the equation; the correlation should be based on a large representative sample.” (Sattler, 1988) As a reminder, **the team must consider regression to the mean when determining if a specific learning disability exists** (ARSD 24:05:24.01.19.)

LIST OF SUGGESTED TEST INSTRUMENTS **FOR EVALUATIVE PURPOSES**

Administrative Rules of South Dakota, ARSD 24:05:25:04. Evaluation procedures. States that school districts shall ensure, at a minimum, that evaluation procedures include the following:

- (1) Tests and other evaluation materials are provided and administered in the child's native language or by another mode of communication that the child understands, unless it is clearly not feasible to do so. Any standardized tests that are given to a child:
 - (a) Have been validated for the specific purpose for which they are used; and
 - (b) Are administered by trained and knowledgeable personnel in conformance with the instructions provided by their producer;
- (2) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;
- (3) Tests are selected and administered so as best to ensure that a test administered to a child with impaired sensory, manual, or speaking skills accurately reflects the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than the child's impaired sensory, manual, or speaking skills except where those skills are the factors which the test purports to measure;
- (4) No single procedure is used as the sole criterion for determining eligibility or an appropriate educational program for a child;
- (5) A variety of assessment tools and strategies are used to gather relevant functional and development information about the child, including information provided by the parents, that may assist in determining:
 - (a) Whether the child is a child with a disability; and
 - (b) The content of the child's IEP, including information related to enabling the child:
 - (i) To be involved in and progress in the general curriculum; or
 - (ii) For a preschool child, to participate in appropriate activities;
- (6) Technically sound instruments, assessment tools, and strategies are used that:
 - (a) May assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors; and
 - (b) Provide relevant information that directly assists persons in determining the educational needs of the child;
- (7) The child is assessed in all areas related to the suspected disability, including, as applicable, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;
- (8) The evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified;

- (9) Materials and procedures used to assess a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education, rather than measuring the child's English language skills; and
- (10) If an assessment is not conducted under standard conditions, a description of the extent to which it varied from standard conditions (e.g., the qualifications of the person administering the test, or the method of test administration) must be included in the evaluation report.

The following list of tests is intended to be used as a brief guide when determining which assessment measures to use when evaluating children. The adequacy of the standardization sample, reliability, and validity are based on guidelines contained in Assessment in Special and Remedial Education (Salvia & Ysseldyke, 1988).

References

- Giuliani, Psy.D., George & Pierangelo, Ph.D., Roger (1998). Special Educator's Complete Guide to 109 Diagnostic Tests. West Nyack, New York: The Center for Applied Research in Education.
- Salvia, J., & Ysseldyke, J.E. (1988). Assessment in special and remedial education (4th Ed.). Boston, MA: Houghton-Mifflin.
- Wodrich, Ph.D., David L. (1997). Children's Psychological Testing, Third Edition. Baltimore, Maryland: Paul H. Brookes Publishing Co., Inc.

INDIVIDUALLY ADMINISTERED ACHIEVEMENT TESTS	AGE/GRADE LEVELS	ADEQUATE STANDARDIZATION	ADEQUATE RELIABILITY	ADEQUATE VALIDITY	COMMENTS
Basic Achievement Skills Individual Screener (1983)	1 - 12 grade	Yes	Yes	Yes	
Basic School Skills Inventory (1998)	4 to 6-11 years	Yes	Yes	Questionable	Most useful for ESL and low incidence disabilities
Diagnostic Achievement Test for Adolescents – 2 (1993)	12 to 18-11 years	Yes	Yes	Yes	Not a very low floor
Developmental Tasks for Kindergarten Readiness II (1994)	Pre - K	Yes	Yes	Questionable	Best used for screening & as functional measure
Hammill Multiability Achievement Test (1998)	7 to 17 years	Yes	Yes – area scores only	Questionable	Screening
Hudson Education Skills Inventory (1989)	K-12	NA	NA	Yes	Criterion referenced
Kaufman Functional Academic Skills Test (1994)	15 to 85 years	Questionable NE & Indian are low	Questionable	Yes	
Kaufman Survey of Early Academic & Language Skills(1993)	3 to 6-11 years	Yes	Yes	Yes	
Kaufman Test of Educational Achievement 2 nd Ed (2004)	4-6 to 25-11 years	Yes	Yes	Yes	Age & grade norms available
Kaufman Test of Educational Achievement – Brief Form 2 nd Ed. (2004)	4-6 to 25-11 years	Yes	Yes	Yes	Best used for screening
Mini-Battery of Achievement (1994)	4 years to adult	Yes			Screening
Multilevel Academic Skills Inventory (1982)	1 – 8 th grade	NA	NA	Questionable	Criterion referenced
Norris Educational Achievement Test (1992)	4 to 17 years	No	No	Questionable	
Peabody Individual Achievement- III (1997)	5 to 22 yrs	Yes	Yes	Yes	
Process Assessment of the Learner (2001)	K-6	Yes	No	No	Best used as a functional measure
Quick Score Achievement Test (1987)	1 - 12 grade	Yes	Yes	Yes	
Scaled Curriculum Achievement Levels Test (1992)	3 – 8 th grade	No	No	Questionable	
Wechsler Individual Achievement Test 2 (2001)	4 years to adult	Yes	Yes	Yes	

Wide Range Achievement Test-3 (1993)	5 to 75 years	Questionable	Yes	Yes	Limited item sample-best used as a screen
Wide Range Achievement Test – Expanded (2001)	4 to 24 years	Yes	No	Questionable	
Woodcock-Johnson Psycho- Educational Battery- III Achievement (2001)	2 years to adult	Yes	Yes	Yes	Use composite scores only for eligibility
Young Children’s Achievement Test (2000)	4 to 7-11 years	Yes	Yes	Yes	
INDIVIDUALLY ADMINISTERED READING TESTS	AGE/GRADE LEVELS	ADEQUATE STANDARDIZATION	ADEQUATE RELIABILITY	ADEQUATE VALIDITY	COMMENTS
Analytical Reading Inventory-4 (1989)	Primer- 9 th grade	NA	Yes	No	Criterion referenced
Basic Early Assessment of Reading (2002)	K – 3 rd grade	NA	NA	NA	Criterion referenced
Bader Reading & Language Inventory –3 (1998)	PP – 12 th grade	NA	NA	Yes	Criterion referenced
Burns – Roe Informal Reading Inventory 6 th Edition (2002)	Pre – 12 th grade	NA	NA	NA	Informal
Classroom Reading Inventory (1990)	Pre – 8 th grade	NA	NA	NA	Informal
Comprehensive Test of Phonological Processing (1999)	5 to 24 –11 years	Yes	Questionable		Best used as a functional measure
Criterion Reading (1971)		NA	NA	No	Criterion referenced
Decoding Skills Test	1 st – 5 th grade rdg. levels	NA	NA	Na	Criterion referenced
Diagnosis an Instructional Aid, Reading A & B (1974)	1 st – 6 th grade	NA	No	No	May be useful as a screen
Diagnostic Assessments of Reading with Trial Teaching Strategies (1992)	1 st grade – 12 th grade reading levels	NA	No	Questionable	Criterion referenced
Diagnostic Reading Scales (Spache) (1981)	1 - 7.5 grade	NA	NA	Yes	Criterion referenced
Durrell Analysis of Reading Difficulty (1980)	1 - 6 grade	Questionable	No	Questionable	Useful as a diagnostic measure
Early Reading Diagnostic Assessment (2001)	K – 3 rd grade				
Ekwall/Shanker Reading Inventory (2001)	K – 9 th grade	NA	Yes	Yes	Criterion referenced
El Paso Phonics Survey (1985)	K – 3 rd grade rdng level	NA	NA	Yes	Criterion referenced
Formal Reading Inventory (1986)	1 - 12 grade	Questionable	No	Yes	

Gates-McKillop- Horowitz Reading Diagnostic Test (1981)	1 – 6 th grade	No	No	No	
Gates-MacGinitie Reading Tests (1989)	K-12 grade	Questionable	Questionable	Yes	
Gilmore Oral Reading Test (1968)	1 - 8 grade	No	No	No	
Gray Oral Reading Test – 4 (2001)	6 to 18-11 years	Yes	Yes	Yes	
Gray Oral Reading Tests – Diagnostic (1991)	5 to 12-11 years				
Gray Silent Reading (1997)	7 to 25 years	Yes	Yes	Yes	
Informal Reading Inventory (1989)	Pre - 12 grade	NA	NA	No	Criterion referenced
Phonological Awareness Test 1 (1992)	Pre to elementary	NA	NA	NA	Criterion referenced
Prescriptive Reading Inventory Reading System (1980)	K - 9 grade	NA	NA	No	Criterion referenced
Qualitative Reading Inventory -3()	Pre – HS rdg levels	NA	Yes	Yes	Criterion referenced
Quick Survey Word List (1985)		NA	NA	NA	Screening - Designed to quickly determine if the student has the skills to read material @ 4 th grade level or above
Rosewell-Chall Diagnostic Reading Test (1959)	2 nd to 6 th grade	NA	Questionable	Questionable	Screen for word analysis skills
Scholastic Abilities Test for Adults (1991)	16 to 70 years	Yes	Questionable		
Sipay Word Analysis Test (1974)		NA	NA	No	Criterion referenced
SRA Diagnosis Instructional Aid - Reading A & B (1974)	1 -6 grade	NA	NA	Questionable	Criterion referenced
Slosson Oral Reading Test, Revised (1990)	Pre - to adult	Yes	Yes	Yes	Screening
Sulcher-Allred Reading Placement Inventory (1981)	Pre - 9 grade	NA	NA	NA	Informal
Standardized Reading Inventory-2 (1999)	pre - 8 grade	No	Questionable	Yes	
Stanford Diagnostic Reading Test (1984)	End of 1 st grade to college level	Yes	Yes	Yes	Can be group administered
Test of Early Reading Ability –3 (1989)	3 to 9-11 years	Yes	Yes	Yes	
Test of Reading Comprehension-3 (1995)	7 to 17-11 years	Yes	Yes	Questionable	
Test of Silent Reading Skills (2001)	7 to 14 years	Questionable	Questionable	Questionable	
Test of Word Reading Efficiency (1999)	6 to 24-11 years	Yes	Questionable	Questionable	

Woodcock Diagnostic Reading Battery (1997)	4 to 90 years	Yes	Questionable	Questionable	Selected subtests from the WJ-R
Woodcock Reading Mastery Tests-R (1998 Updated Norms)	K - adult	Yes	Yes	Yes	
INDIVIDUALLY ADMINISTERED MATH TESTS	Age/Grade Levels	Adequate Standardization	Adequate Reliability	Adequate Validity	Comments
Comprehensive Mathematical Abilities Test (2000)	7 to 18-11 years	Yes	Questionable	Yes	
Diagnosis: An Instructional Aid in Math (1981)	K - 8 grade	NA	NA	No	Criterion referenced
Diagnostic Mathematics Inventory (1977)	1.5 -8.5 grade	NA	NA	Yes	Criterion referenced
Diagnostic Test of Arithmetic Strategies (1984)	1 – 6 th Grade	NA	NA	Yes	Useful for development of objectives
Key Math - R (1997 Updated Norms)	K – 12 th grade	Yes	Yes	Questionable	Use area scores only for eligibility
Enright Diagnostic Inventory of Basic Arithmetic Skills (1983)	1 - 6.8 grade	NA	NA	Yes	Criterion referenced
Sequential Assessment of Mathematics Inventory (1985)	5 to 13 years	Yes	Questionable	Questionable	
Stanford Diagnostic Math Test – 4 (1996)	1 – 12 th grade	Yes	Yes	Yes	
Test of Early Math Ability-3 (2003)	3 to 8-11 years	Yes	Yes	Yes	
Test of Math Abilities-2 (1994)	8 to 18-11 years	Yes	Yes	Yes	
INDIVIDUALLY ADMINISTERED WRITTEN LANGUAGE TESTS	Age/Grade Levels	Adequate Standardization	Adequate Reliability	Adequate Validity	Comments
Checklist of Written Expression (1980)	K – 12 th grade	NA	NA	NA	Informal
Denver Handwriting Analysis (1983)	3 – 8 th grade	NA	NA	NA	Informal
Diagnostic Evaluation of Writing Skills (1980)	All grades	NA	NA	NA	Informal – has a good error analysis procedure
Diagnostic Spelling Test (1970)	2 – 6 th grade	NA	NA	NA	Informal
Diagnostic Word Patterns (1985)	2 nd grade – adult	NA	NA	NA	Informal, spelling only
Evaluation Tool of Children's Handwriting	1 – 6 th grade	NA	NA	NA	Criterion referenced
Illinois Test of Psycholinguistic Abilities – 3 (2001)	5 to 12-11 years	Yes	Yes	Yes	Oral and written language
Mather-Woodcock Group	6 – 18 years	Yes	Yes	Yes	

Writing Tests (1997)					
Oral & Written Language Scales (written) (1995)	5 to 21 years	Yes	Yes	Yes	
Slosson Written Expression Test (2000)	8 – 17 years	Yes	Yes	Yes	Screening test & progress monitoring
Spellmaster (1976)	K - 10 grade	NA	NA	Yes	Criterion referenced
Test of Early Written Language - 2 (1996)	4 to 10-11 years	Yes	Yes	Yes	
Test of Handwriting Skills (1998)	5 to 11 years	Yes	Questionable	Questionable	
Test of Legible Handwriting (1989)	2 – 12 th grade	Yes	Yes	Yes	Group or individual
Test of Written English (1979)	6 th grade and above	NA	NA	NA	Criterion referenced screening device
Test of Written Expression (1995)	6-6 to 14-11 years	Yes	Questionable	Yes	Informal error analysis a plus
Test of Written Language-3 (1996)	7-6 to 17-11 years	Yes	Yes	Yes	
Test of Written Spelling – 4 (1999)	1 – 12 th grade	Yes	Yes	Yes	
Written Language Assessment (1989)	8 to 18 years	No	Questionable	Questionable	Good functional assessment
Writing Process Test (1992)	8 to 19 yrs 2 nd -12 th grade	Questionable	Questionable	Yes	
INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS	Age/Grade Levels	Adequate Standardization	Adequate Reliability	Adequate Validity	Comments
Apraxia Profile (1997)	3 to 13 years	NA	NA	NA	Diagnostic assessment
Arizona Articulation Proficiency Scale-3 (2000)	18 months to 18-11 years	Questionable; low Hispanic, high west	Yes	Yes	
ASSET Assessing Semantic Skills Through Everyday Themes (1986)	3 to 9 years	No	No	No	
Assessment of Children's Language Comprehension (1983)	3 to 8 years	NA	NA	No	Criterion referenced
Assessment of Phonological Processes – Revised (1986)	For use with highly unintelligible children	No	No	No	Test should be administered only by ASHS certified speech and language pathologist.
Bankson Language Test-2 (1990)	3 to 6-11 years	Yes	Questionable	Questionable	
Bankson-Bernthal Test of Phonology Language (1990)	3 to 9 years	Questionable	Questionable	Yes	
Bilingual Verbal Ability	5 to 90 years	Yes	Questionable	Yes	Items from WJ-R,

Tests (1998)					Woodcock Language Proficiency Battery, WJ-R Cog
Boehm Test of Basic Concepts – 3 (2000)	K – 2 nd grade	Yes	Questionable	Yes	Can be group administered
Boehm Test of Basic Concepts – 3 Preschool (2001)	3 to 5-11 years	Yes	Yes	Yes	
Boehm Test of Basic Concepts – 3 Spanish (2000)	K – 2 nd grade	Yes	Questionable	Yes	
Bracken Basic Concept Scale - Revised (1998)	2-6 to 8 years	Yes	Yes	Yes	Complete measure of receptive vocabulary
Bracken Basic Concept Scale-R Spanish Edition	2-6 to 8 years	NA	Yes	Yes	Criterion referenced
Carrow Elicited Language Inventory (1973)	3 to 7-11 years	No	Yes	No	
Clark-Madson Test of Oral Language (1986)	4 to 8-11 years	No	No	No	
Clinical Evaluation of Language Functions – 3 (1995)	6 to 21-11 years	Questionable, only 50 kids/age level 17 to 21	Yes	Yes	Total language scores can be used for eligibility
Clinical Evaluation of Language Functions-3 Observational Rating Scales (1996)	6 to 21 years	NA	Questionable	Questionable	Functional Measure
Clinical Evaluation of Language Functions-Preschool (1992)	3 to 6-11 years	Yes	Yes	Yes	
Communication Activities of Daily Living – 2 (1999)	20 to 96 years	Questionable	Yes	Yes	Best used as a functional measure
Comprehensive Assessment of Spoken Language (1999)	3 to 21 years	Yes	Yes	Yes	Use composite scores for eligibility
Comprehensive Receptive & Expressive Vocabulary Test -2 (2002)	5 years to adult	Yes	Yes	Yes	
Contextual Test of Articulation (2000)	4 to 9-11 years	NA	NA	NA	Criterion referenced
Dos Amigos Verbal Language Scales (1996)	5 to 13-5 years	NA	NA	NA	Criterion referenced
Early Language Milestone Scale – 2 (1993)	Birth to 48 months	No	Questionable	Questionable	
Evaluating Acquired Skills in Communication (EASIC) (1991)	2 to 26-11 years	NA	NA	No	Criterion referenced; Designed to be used with autistic students, but also useful for other disabilities

Expressive Language Test (1998)	5 to 11 years	No	No	No	
Expressive One-Word Vocabulary Test – Revised (1990)	2 to 11-11 months	No	No	No	
Expressive Vocabulary Test (1997)	2.5 to 90 years	Yes	Questionable	Yes	
Fisher-Logemann Test of Articulation Competence (1971)	3 years and up	NA	NA	No	Criterion referenced
Fluharty Preschool Speech & Language Screening Test 2 nd ed (2000)	3 to 6-11 years	Yes	Questionable	Yes	
Full Range Picture Vocabulary Test (1948)	2 years to adult	No	No	No	
Functional Communication Profile (1994)	3 yrs to adult; mental age 2 months to adult	NA	NA	NA	Functional checklist; good with more severe disabilities
Goldman-Fristoe Test of Articulation – 2 (2000)	2 to 21 years	Yes	Yes	Yes	
Goldman-Fristoe-Woodcock Test of Auditory Discrimination (1970)	3 to Adult	No	No	Yes	
HELP Test (1996)	6 to 12 yrs	Yes	Yes	No	
Houston Test of Language Development (1963)	6 months to 6 years	No	No	No	
Illinois Test of Psycholinguistic Abilities – 3 (2001)	5 to 12-11 years	Yes	Yes	Yes	Oral and written language
Indiana Preschool Developmental Assessment Scale (1976)	Birth to 6 years	NA	NA	No	Criterion referenced
Joliet 3-Minute Speech and Language Screen (1992)	2.5 to 4.5 years	Questionable	Yes	Questionable	Screening
Joliet 3-Minute Preschool Speech & Language Screen (1992)	2.6 to 4.5 years	Questionable	Questionable; very limited data, but the info reported looks good	Yes	
Kaufman Survey of Early Academic & Language Skills (1993)	2 to 6-11 years	Yes	Yes	Yes	Articulation and language
Khan-Lewis Phonological Analysis – 2 (2002)	2 to 21-11 years	Yes	Yes	Yes	
Kindergarten Language Screening Test – 2 nd ed (1998)	4 to 6-11 years	No	Questionable	Questionable	Screening
Language Assessment Battery (1977)	K - 12 grade	No	Questionable	No	
Language Assessment Scales (1977)	K - 6 grade	No	No	No	
Language Processing Test - Revised	5 to 11 years	Yes	No	No	

Lindamood Auditory Conceptualization Test (1979)	K - 6 grade	No	No	No	
Northwestern Syntax Screening Test (1969)	3 to 7-11 years	No	No	No	
Oral Speech Mechanism Screening Examination -3 (2000)	5 years to adult	Questionable	Yes	NA	Screening
Oral & Written Language Scales (listening and oral) (1995)	3 to 21 years	Yes	Questionable	Yes	
Peabody Picture Vocabulary Test – 3 (1997)	2-5 to 90 years	Yes	Yes	Yes	Measures receptive language
Phonological Awareness Test – Revised (Linguisticsystems)	5 to 9 years	Yes	Yes	No	
Photo Articulation Test - 3 (1999)	3 to 8 Years	Yes	Questionable	Questionable	
Preschool Language Assessment Instrument (1978)	3 to 6 years	No	No	No	
Preschool Language Scale – 3 rd edition (1992)	Birth to 6-11 years	Questionable – Not 100 children at each age for B to 1 year	Questionable - low for younger ages	Yes	
Preschool Language Scale – 4 th edition (2002)	Birth to 6-11 years	Questionable – Not 100 children at each age for B to 1 year	Yes	Yes	
Quick Test (1962)	2 years to adult	No	No	No	
Reynell Developmental Language Scales (1991)	12 months - 6 years	No	No	No	Best used as diagnostic measure
Riley Articulation and Language Test (1979)	4 to 7-11 years	No	No	No	
Rhode Island Test of Language Structure (1983)	3 – 6 years; 3 – 20 years for hearing impaired	Questionable	No	No	Good informal measure for hearing impaired students
Rosetti Infant-Toddler Language Scale (1990)	B to 36 months	NA	NA	NA	Criterion referenced
Ross Information Processing Assessment – 2 (1996)	15 to 90 years	Questionable	Questionable	No	Cognitive–linguistics of TBI
Ross Information Processing – Primary(1999)	5 to 12-11 years	No	Questionable	No	Cognitive–linguistics of TBI
Scales of Early Communication Skills for Hearing Impaired Children (1975)	2 to 8 years	No	No	No	
SCAN-A Test for Auditory Processing Disorders in Adolescents & Adults (1994)	12 to 50 years	No	Questionable	Yes	

SCAN-C Test for Auditory Processing Disorders in Children-Revised (1999)	5 to 11-11 years	Yes	Questionable	Yes	
Screening Test for Developmental Apraxia of Speech (1980)	Preschool & school age	No	No	No	
Screening Test of Adolescent Language – R (1980)	11 to 18-11 years	Yes	No		Screening only
Sequenced Inventory of Communication Development – Revised (1984)	4 months to 4 years	No	Yes	Yes	
Smit-Hand Articulation & Phonology Evaluation (1997)	3 to 9 years	Yes	Questionable	Questionable	
Speech & Language Evaluation Scale (1989)	4.5 to 19 years	Yes	Questionable	No	
Structured Photographic Articulation Test – 2 nd Edition (1989)	4 to 9-5 years	Yes	Yes	Yes	
Structured Photographic Expressive Language Test Manual Update (1995)	4 to 9-5 years	No	Questionable	Yes	Measures syntactic structures
Stuttering Prediction Instrument for Young Children (1981)	3 to 8.9 years	No	No	Questionable	
Swallowing Ability & Function Evaluation (2003)	Adolescents & adults	NA	NA	NA	Informal measure
Templin-Darley Tests of Articulation (1969)	3 to 8 years	No	No	No	
Test for Auditory Comprehension of Language-3 (1999)	3 to 9-11 years	Questionable, low in urban areas	Yes	Yes	Receptive vocabulary
Test for Examining Expressive Morphology-TEEM (1983)	3 to 7-12 years	No	No	Questionable	
Test of Adolescent and Adult Language-3 (1994)	12 to 24-11 years	Questionable, 12-18 years is good	Yes	Questionable	
Test of Auditory Perceptual Skills (1985)	4 to 12 years	No	No	No	
Test of Children's Language: Assessing Aspects of Spoken Lang, Reading, and Writing (1996)	5 to 8-11 years	Questionable	Questionable	Questionable	Best used as a screener
Test of Early Language Development – 3 (1999)	2 to 7-11 years	Yes	Yes	Yes	Good screening device
Test of Language Competence Expanded Ed. (1989)	5 to 18-11 years	Yes	Questionable	Yes	
Test of Language Development – Primary: 3	4 to 8-11 years	Yes	Yes	Yes	Composite scores can be

(1997)					used for eligibility
Test of Language Development - Intermediate: 3 (1997)	8-0 to 12-11 years	Yes	Yes	Yes	Composite scores can be used for eligibility
Test of Syntactic Abilities (1978)	10 to 18 years	Yes	Questionable	Yes	hearing impaired
Test of Pragmatic Language (1992)	5 to 12-11 years	Questionable, less than 100 @10,12, 13	No	Questionable	
Test of Pragmatic Skills - R (1986)	3 to 8 years	Questionable	Yes	Questionable	
Test of Problem Solving – Elementary Revised	6 to 11 years	Yes	No	Questionable	
Test of Problem Solving Adolescent	12 to 17-11 years	Questionable	Questionable	Yes	
Test of Relational Concepts (1988)	3 to 7-11 years	Yes	Questionable	Questionable	
Test of Word Finding – 2 (2000)	4 to 12-11 years	Yes	No	No	
Test of Word Knowledge (1992)	5 to 17 years	Yes	Questionable	Yes	
The Listening Test (1992)	6 to 11-11 years	No	No	Yes	
The WORD Test Adolescent (1989)	12 to 17-11 years	No	Questionable	No	
The WORD Test-R (1990)	7 to 11 -11 years	No	No	Questionable	
Token Test for Children (1978)	3 to 12-5 years	No	No	No	May be useful as a screening for auditory comprehension
Utah Test of Language Development-3 (1989)	3 to 9-11 years	Yes	No	Yes	
Verbal Language Development Scale (1971)	Birth to 15 years	No	Questionable	Yes	Too few items per age
Vocabulary Comprehension Scale (1975)	2 to 5-6 years	NA	NA	Yes	Criterion referenced
Voice Assessment Protocol for Children & Adults (1987)	4 to 18-11 years	NA	NA	NA	Informal measure
Wepman Auditory Discrimination Test – 2 nd ed (1987)	4 to 8-11 years	Yes	Questionable	Questionable	Screening

Woodcock Language Battery (1991)		Questionable	Yes	Yes	Clusters can be used for eligibility
Woodcock Munoz Language Survey Normative Update (2001)	4 years – adult	Yes	Questionable	Questionable	Clusters OK for eligibility. Measures oral language, reading, writing; good for ESL students
INDIVIDUALLY ADMINISTERED MOTOR TESTS	Age/Grade Levels	Adequate Standardization	Adequate Reliability	Adequate Validity	Comments
Bruiniks-Oseretsky Test of Motor Proficiency (1985)	4-5 to 14-5 years	Questionable	Yes	Yes	
Developmental Test of Visual Motor Integration-4 (1997)	3 – 18 years	Yes	Questionable	No	
Developmental Test of Visual Perception – 2 (1993)	4 - 10 years	Yes	Yes	Yes	
Evaluation Tool of Children’s Handwriting	1 st – 6 th grade	NA	NA	NA	Informal
Motor Development Checklist (1976)	1 – 15 months	NA	NA	NA	Informal
Motor-Free Visual Perception Test-R (1996)	4 to 11-11 years	Yes	Yes	Questionable	
Movement Assessment of Infants (1980)	B – 3 years	No	Questionable	Yes	
Peabody Developmental Motor Scales – II (19)			Yes	Yes	
Sensory Integration & Praxis Test (1989)	4 to 8-11 years	Questionable	Questionable	Yes	
Slingerland Screening Test for Identifying Children with Specific Language Disability (1993)	1 – 6 th grade	NA	Questionable	Questionable	Diagnostic – a test of auditory, visual, & motor skills related to specific academic areas
Test of Gross Motor Development – 2 (1999)	3 – 10 years	Yes	Yes	Yes	
Test of Visual-Motor Skills –R (1995)	2 – 13 years	No	Questionable	Yes	
Test of Visual-Perceptual Skills (non-motor) (1988)	4 – 12 years	No	No	Questionable	
INDIVIDUALLY ADMINISTERED INTELLIGENCE TESTS	Age/Grade Levels	Adequate Standardization	Adequate Reliability	Adequate Validity	Comments
Assessment for Persons Profoundly or Severely Impaired (APPSI) (1998)	Functioning at B to 8 months	NA	NA	NA	Diagnostic measure
Bayley Scales of Infant Development-II (1993)	1 to 42 months	Yes	Yes	Yes	
The Cognitive Abilities Scale-Second Edition (2001)	3-23 & 24-47 month	Yes	Yes	Yes, validity of infant form not fully established	Play-based measure

The Cognitive Assessment System (1997)	5 to 17 years	Yes	Yes	Questionable	Sattler has concerns about the validity of the 4 factors
Columbia Mental Maturity Scale (1972)	3-5 to 9-5 years	Yes	Questionable	Yes	Non-Verbal
Comprehensive Test of Nonverbal Intelligence (1997)	6 to 89 years	Yes	Yes	Yes	Non-Verbal; some limitations noted in Sattler
Detroit Test of Learning Aptitude-4(1998)	6 to 17-11 years	Yes	Yes	Yes	
Detroit Test of Learning Aptitude-Primary 2nd. Ed. (1991)	3 to 9 years	Yes	Yes	Yes	
Differential Abilities Scale (1990)	2-6 to 17-11 years	Yes	Yes	Yes	
Extended Merrill-Palmer Scales (1978)	3 to 5-11 years	Questionable	No	No	
Goodenough-Harris Drawing Test (draw-a-man test) (1963)	3 to 15-11 years	No	No	No	Little justification for use as a measure of IQ
Hiskey-Nebraska Test of Learning Aptitude (1966)	3 to 6 years	No	Questionable	Yes	good for children with hearing impairments
Kaufman Adolescent & Adult Intelligence Test (1993)	11 to 94 years	Yes	Yes	Yes	
Kaufman Assessment Battery for Children, 2 nd Edition (2004)	3 to 18 years	Yes	Yes	Yes	can obtain a non-verbal score
Kaufman Brief Intelligence Test (1990)	4 to 90 years	Yes	Yes	Yes	
Leiter International Performance Scale-Revised (1997)	2 to 20 years	Yes	Yes	Yes	non-verbal; according to Sattler, useful with individuals with speech or fine motor difficulties
McCarthy's Scale of Children's Abilities(1972)	2-5 to 8-5 years	Yes	Yes	Yes	
Merrill-Palmer Scale of Mental Test (1948)	1-6 to 5-11 years	No	No	No	
Pictorial Test of Intelligence Second Edition	3 to 8-11 years	Yes	Questionable	Questionable	Useful for children with

(2001)					speech, motor, and attention problems
Raven's Progressive Matrices (1986)	6 to adult	No	Questionable	No	Non-verbal, only Measures figural reasoning
Slosson Intelligence Test-Primary(1999)	2 to 7 years	No	No	No	Limited utility
Slosson Intelligence Test-Revised(1998)	4 to 18+ years	Questionable	Yes	Questionable	Useful as a screener only
Stanford-Binet Intelligence Scale: 5th Ed. (2003)	2 to 85+ years	Yes	Yes	Yes	Too new for a review
System of Multicultural Pluralistic Assessment (1979)	5 to 11 years	No	No	No	
Test of Memory & Learning (1994)	5 to 9-11 years	No	Yes	Questionable	
Test of Nonverbal Intelligence -3 (1997)	5 to 89 years	Yes	Yes	Questionable	Useful as a screener only
The Blind Learning Aptitude Test (1969)	6 to 12 years	Yes	Yes	Questionable	
Universal Nonverbal Intelligence Test (1998)	5 to 17 years	Yes	Yes	Yes	Nonverbal intelligence measure
Wechsler Abbreviated Scale of Intelligence (1999)	6 to 89 years	Yes	Yes	Yes	Useful as a screener only
Wechsler Adult Intelligence Scale-Third Edition (1997)	16 to 89-11 years	Yes	Yes	Yes	
Wechsler Intelligence Scale for Children-IV (2003)	6 to 16-11 years	Yes	Yes	Yes	
Wechsler Intelligence Scale for Children-IV Integrated (2004)	6 to 16-11 years	Yes	Yes	Yes	Assesses neuro-psychology of cognition
Wechsler Preschool & Primary Scale of Intelligence-3 rd Edition (2003)	2.6 to 7.3 years	Yes	Yes	Yes	
Woodcock-Johnson-III (2001)	2 to 89 years	Yes	Yes	Yes	
SOCIAL/BEHAVIORAL/ PERSONALITY ASSESSMENTS	Age/Grade Levels	Adequate Standardization	Adequate Reliability	Adequate Validity	Comments
ADDES-2nd Ed. (1995)	4 to 19 years	Yes	Yes	Yes	Screening

Home/School Versions					instrument
ADOS (2002)	Preschool-Adult	Yes	Yes	Yes	Team administration with familiarity of instrument. Consensus coding
Asperger Syndrome Diagnostic Scale (2001)	5 to 18 years	Questionable	Questionable	No	
Achenbach Child Behavior Checklist	4 to 16 years	Yes	Yes	Yes	
Teacher Report Form	5 to 18 years				
Youth Self-Report (1991)	11 to 18 years	Yes	Questionable	Questionable	
Behavior Assessment System for Children (BASC) (1992)	4 to 18 years	Yes	Yes	Yes	
Beck Youth Inventories (2001)	7 to 14 years	Yes	Yes	Yes	
The Behavior Dimensions Scale (BDS) (1995)	3 to 19 years	Yes	Yes	Yes	
Behavior Evaluation Scale-2 (1990)	K – 12	Yes	Yes	Yes	
Behavior Problem Checklist – R (1990)	K - 8	No	Yes	Yes	
Behavior Rating Profile Second Addition (1990)	6-6 to 18-6 years	Yes	Yes	Yes	
Child Symptom Inventories (1994) (with Adolescent Supplement)	5 to 13 years 12 to 18 years	Yes	Yes	Yes	Helpful with Differential Diagnosis (Clinical)
Children's Depression Inventory (1992)	7 to 17 years	No	Questionable	Yes	
Childhood Autism Rating Scale (1988)	Birth to 11 years	Questionable	Yes	Yes	Autism
Conners' Rating Scale-Revised (1997)	3 to 17 years	Questionable	Questionable	Questionable	Useful in assessing ADHD
Cooper-Farran Behavioral Kindergarten Rating Scales (1991)	Kindergarten	No	No	No	Designed to be standard locally
Devereux Child Behavior Rating Scale (1993)	5 to 18 years	Yes	Yes (5-12) Questionable (13- 18)	No	
Disruptive Behavior Rating Scale (1993)	7 to 18-11 years	Questionable	Yes	Yes	Low SES, low rural & minority
The Early Childhood (1991)	3 to 5-11 years	Yes	Yes	Yes	
Emotional Behavioral Problem Scale-2 (2001)	5 to 18 years	Yes	Yes	Yes	
Gilliam Autism Rating Scale (1995)	3 to 22 years	Yes	Questionable	Yes	Autism
House-Tree-Person Projective Tech. (1946)	3 years and up	No	No	No	Informational value

Minnesota Multiphasic Personality Inventory (1967)	14 years and up	Yes	Yes	Yes	Outdated norms
Multiscene Depression Inventory for Children (1996)	8 to 17 years 3 – 12 grades	Questionable	Yes	Yes	
Multidimensional Self Concept Scale (1992)	9 to 19 years	Questionable	Questionable	Questionable	
Revised Children's Manifest Anxiety Scales (RCMAS) (1994)	6 to 19 years	Questionable	Yes	Yes	
Roberts Apperception Test for Children	6 to 15 years	No	No	Questionable	Informational value
School Social Behavior Scales (1993)	K – 12 grade	Questionable	Yes	Questionable	
Self Esteem Index (1991)	8 to 18-11 years	Yes	Questionable	Yes	
Social Skills Rating System (1990)	Preschool - HS	Yes	Yes	Yes	
Student Self Concept Scale (1993)	3 – 12 grades	Questionable	No	Yes	

Note:

It is recommended that examiners not only administer but also interpret scores. As a general rule, test administrators should have an understanding of the basic principles and limitations of psychological testing, particularly psychological test interpretation. Although instruments can be easily administered and scored, the ultimate responsibility for interpretation must be assumed by a professional who realizes the limitations in such screening and assessment procedures.

Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:

AML Behavior Rating Scales (1975)
 Analysis of Coping Style (1981)
 Assessment of Interpersonal Relations (1993)
 Autism Screening Instrument for Educational Planning (1980)
 Behavior Dimensions Rating Scale (1989)
 Behavior Evaluation Scale {Kozloff} (1974)
 Bristol Social Adjustment Guides (1970)
 Burk's Behavior Rating Scale (1977)
 California Psychological Inventory (1975)
 California Test of Personality (1953)
 Child Anxiety Scale (1980)
 Child Behavior Profile (1986)
 Child Behavior Rating Scale (1962)
 Children Version of the Family Environment Scale (1984)
 Children's Apperception Test (1972)
 Children's Personality Questionnaire (1975)
 Conners' Behavior Rating Scale (1985)
 Coopersmith Self Esteem Inventory (1967)
 Depression Inventory for Children & Adults (1987)
 Devereux Child Behavior Rating Scale (1966)
 Early School Personality Questionnaire (1976)
 Health Resources Inventory (1976)
 High School Personality Questionnaire (1983)
 Hopelessness Behavior Checklist (1971)
 Inferred Self Concept Scale (1973)

Kinetic Family Drawings (1970)
Peer Nomination Inventory for Depression (1980)
Piers-Harris Self Concept Scale (1969)
Personality Inventory for Children – R (1984)
Portland Problem Behavior Checklist
Psycho-educational Profile (1979)
Revised Behavior Problem (1987)
Revised Children’s Manifest Anxiety Scale (1983)
School Behavior Checklist (1977)
Social Emotional Dimension Scale (1986)
Test of Early Socioemotional Development (1984)
The Temperament Assessment Battery for Children (1988)
Thematic Apperception Test (1943)
Walker Problem Behavior Checklist (1976)

INDIVIDUALLY ADMINISTERED SOCIAL/BEHAVIORAL/ PERSONALITY TESTS	AGE/GRADE LEVELS	ADEQUATE STANDARDIZATION	ADEQUATE RELIABILITY	ADEQUATE VALIDITY	COMMENTS
Adolescent Symptom Inventory 4 th Ed (1998)	12 to 18-11 years	No	No	Questionable	The manual states this is a screening instrument.
Autism Behavior Checklist (ABC) (1993)	All ages	Questionable	Questionable	Yes	
Autism Diagnostic Observation System (ADOS) (1999)	Toddlers – Adult	Questionable	Yes	Yes	Team administration
Autism Screening Instrument for Educational Planning 2 nd Ed (ASIEP) (1993)	3 to 49 years	No	Yes	Yes	
Child Behavior Checklist – Preschool (2000)	1.5 to 5 years	Yes	Yes	Yes	
Child Behavior Checklist – School Age (2001)	6 to 18 years	Yes	Yes	Yes	
Child Symptom Inventory 4 th Ed (2002)	5 to 12 years	No	Questionable	No	Authors state the CSI-4 was developed to serve as a screening instrument for a clinic-referred population rather than the general population.
Krug Asperger’s Disorder Index (2003)	6 to 22-11 years	No	Questionable	Questionable	
Personality Inventory for Children-2 (2001)	5 through 19 years	Yes	Yes	Yes	
Psychoeducational Profile-R (PEP-R)(1988)	6 months – 7 years or <12 years	No	Questionable	No	Diagnostic measure for individuals with ASD
Social Communication Questionnaire (2003)	4 years – adult, mental age >2years	No	NA	NA	Screening for autism spectrum disorders
INDIVIDUALLY ADMINISTERED ADAPTIVE BEHAVIOR TESTS	AGE/GRADE LEVELS	ADEQUATE STANDARDIZATION	ADEQUATE RELIABILITY	ADEQUATE VALIDITY	COMMENTS
Adaptive Behavior Assessment System 2 nd Ed (2003)	Birth to 89 years	Yes	Yes	Yes	
AAMD Adaptive Behavior Scale-School Edition (1981)	7 – 13 years	No	No	Questionable	
AAMR Adaptive Behavior Scale-School 2 nd Ed (ABS-S:2) (1993)	3 to 18 years	No	Questionable	Yes	
Adaptive Behavior Evaluation Scale-R (1995)	5 to 18 years	Questionable	Questionable	Questionable	
Adaptive Behavior Inventory (1986)	5 to 18-11 years, students with MR 6 to 18-	Yes	Yes	Yes	

	11 years				
Assessment for Persons Profoundly or Severely Impaired (1998)	Birth – 8 months	NA	Yes	Yes	Criterion referenced
Assessment of Adaptive Areas (1996)	3 to 17-11 (non MR), 3 – 79 years (MR)	Yes	Yes	Yes	
Checklist of Adaptive Living Skills (1991)	Birth – adult	NA	NA	Yes	Criterion referenced
Children's Adaptive Behavior Scale (1980)	5 to 10-11 years	No	No	No	
Comprehensive Test of Adaptive Behavior (1984)	Birth - 21 years	No	Questionable	Questionable	
Developmental Assessment for Students with Severe Disabilities 2 nd Ed (1999)	Birth to 6-11 years	NA	NA	Yes	Criterion referenced
Inventory for Client & Agency Planning (ICAP) (1986)	Birth – adult	No	Questionable	Yes	
Normative Adaptive Behavior Checklist (1984)	Birth – 21 years	NA	NA	No	Criterion referenced
Pyramid Scales (1984)	Birth to adult	NA	Yes	Yes	Criterion referenced, esp useful for individuals w/ severe disabilities
Responsibility & Independence Scale for Adolescents (1990)	12 to 19-11 years	NA	NA	NA	Diagnostic measure useful for program planning
Scales of Independent Behavior-R (1996)	Birth – adult	Yes	Questionable	Yes	
School Function Assessment (1998)	K to 6 th grade	NA	NA	Yes	Criterion referenced
Street Survival Skills Inventory (1980)	14 – 18 years or 15 – 55 years for individuals/ MR	No	Questionable	Yes	
Street Survival Skills Questionnaire (SSSQ) (1993)	9 years – adult	No	Questionable	Yes	
TARC Assessment for Severely Handicapped (1975)	All individuals with severe disabilities	NA	NA	No	Criterion referenced
Uniform Performance Assessment System (UPAS) (1981)	For individuals learning skills typically mastered b/w birth – 6 yrs	NA	NA	Yes	Criterion referenced

Vineland Adaptive Behavior Scales: Survey & Expanded (1984)	Birth to 18-11 years	Yes	Yes	Yes	
Vineland Adaptive Behavior Scales: Classroom (1984)	3 to 12-11 years	Yes	No	Yes	

**ASSESSMENT DEVICES THAT CAN BE USED TO IDENTIFY A STUDENT'S
NEED FOR
TRANSITION SERVICES**

This section is currently being updated. Please check back.

Following is a list of assessment devices that can be used by evaluators to determine a student's need for transition services. The list is not exhaustive, contains both formal and informal assessment devices, and represents devices that are available and affordable. The transition skills measured by each device are marked with an X.

Individuals who regularly assess student vocational and academic skills should be consulted concerning the availability, reliability, and usefulness of the assessment devices. When the student's current or triennial assessment team conducts a comprehensive evaluation of the student's need for transition services, the placement committee can develop an effective and functional educational program for the student.

Special Education Programs has purchased a representative sample of the devices listed below. They have been placed at the Black Hills Special Services Cooperative – Pierre Office (☎ 605-224-6287 or 800-224-5336) for previewing.

The assessments available for previewing are marked with a ☑.

ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
☑ AAMD Adaptive Behavior Scale – School Edition PRO - ED 8700 Shoal Creek Boulevard Austin, TX 78758 - 9965 ☎ 512-451-3246	X	X	X	X		
ACT (Tests can be modified to meet the needs of students with disabilities. See your guidance counselor for details.)						X

ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
<input checked="" type="checkbox"/> Adaptive Behavior Inventory/ Functional Living Skills PRO - ED 8700 Shoal Creek Boulevard Austin, TX 8758 - 9965 ☎ 512-451-3246	X	X	X	X		
ASVAB - Armed Services Aptitude Battery (Available through your school's Guidance Counselor)					X	X
Assessment of Career Decision Making Western Psychological Services 12031 Willshire Boulevard Los Angeles, CA 90025 - 1251 ☎ 1-800-648- 8857	X					X
<input checked="" type="checkbox"/> Becoming Independent EDMARK PO Box 97021 Redmond, WA 98073 - 9721 ☎ 1-800-362- 2890	X	X		X		
<input checked="" type="checkbox"/> Brigrance Employability Skills Inventory Curriculum Associates, Inc. 5 Esquire Road North Billerica, MA 01862 - 0901 ☎ 1-800-225- 0248	X					

ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
<input checked="" type="checkbox"/> Brigance Life Skills Inventory Curriculum Associates, Inc. 5 Esquire Road PO Box 2001 North Billerica, MA 01862 - 0901 ☎ 1-800-225- 0248	X	X		X		
<input checked="" type="checkbox"/> Brigance Inventory of Essential Skills Curriculum Associates, Inc. (Address as above)	X	X	X	X		
<input checked="" type="checkbox"/> CALS (Checklist of Adaptive Living Skills) Clinical Customer Service Dept. Riverside Publishing Co. 8420 Bryn Mawr Avenue Chicago, IL 60631 ☎ 1-800-767- 8378	X	X	X	X		
Career Assessment Inventory (Available at your local South Dakota Job Service Office)	X				X	
Career Decision Making Sys.-R American Guidance Serv. 4201 Woodland Road PO Box 99 Circle Pines, MN 55014 - 1796 ☎ 1-800-328- 2560	X					

ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
<input checked="" type="checkbox"/> Career Exploration Inventory Jist Works, Inc. 720 North Park Avenue Indianapolis, IN 46202 - 3431 ☎ 1-800-648- JIST	X		X			X
Career Interest Inventory The Psychological Corporation Order Service Center PO Box 839954 San Antonio, TX 78283 - 3954 ☎ 1-800-228- 0752	X					
Career Planning Program (CPP) (Available through your school's Guidance Counselor)	X					X
DISCOVER - computer -based program (Available through the South Dakota Office of Vocational/ Technical Educ)	X					X
Discover What You're Best At Paperbacks for Educators 26 West Front Street Washington, MO 63090 ☎ 1-800-227- 2591	X					

ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
ENDEAVOR - computer-based program (Available through the South Dakota Department of Labor in Aberdeen)	X				X	X
From School to Adulthood - Special Education Students in Transition Informal Questionnaires (Available through the South Dakota Special Education Programs)	X	X	X	X	X	X
<input checked="" type="checkbox"/> Gordon Occupational Checklist II (1981) The Psychological Corporation Order Service Center PO Box 839954 San Antonio, TX 78283 - 3954 ☎ 1-800-228- 0752	X					
<input checked="" type="checkbox"/> Geist Picture Interest Inventory Western Psychological Services 12031 Willshire Boulevard Los Angeles, CA 90025 - 1251 ☎ 1-800-648- 8857	X					

ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
ICAP - Inventory of Client and Agency Planning (Contact your area Adjustment Training Center for information)		X	X	X	X	
JOB - O Career Interests/Tests Jist Works, Inc. 720 North Park Avenue Indianapolis, IN 46202 - 3431 ☎ 1-800-648- JIST	X					X
<input checked="" type="checkbox"/> Knowing Yourself Jist Works, Inc. 720 North Park Avenue Indianapolis, IN 46202 - 3431 ☎ 1-800-648- JIST	X					
<input checked="" type="checkbox"/> Life Centered Career Education Fearon / Janus 500 Harbor Boulevard Belmont, CA 94002 ☎ 1-800-877- 4283	X	X	X	X		
Minnesota Rate of Manipulation Tests American Guidance Services 4201 Woodland Road PO Box 99 Circle Pines, MN 55014 - 1796 ☎ 1 800 328 2560	X	X				

ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
Minnesota Spatial Relations Tests - R American Guidance Service (Address same as above)	X	X				
My Vocational Situation Jist Works, Inc. 720 North Park Avenue Indianapolis, IN 46202 - 3431 ☎ 1-800-648- JIST	X					
Occupational Aptitude Survey and Interest Schedule (1991) PRO - ED 8700 Shoal Creek Boulevard Austin, TX 78758 - 9965 ☎ 512-451-8542	X					X
Occupational Clues Educational Associates PO Box 35397 Phoenix, AZ 85069 ☎ 602-869-9223	X					X
<input checked="" type="checkbox"/> Piers - Harris Children's Self- Concept Scale Western Psychological Services 12031 Willshire Boulevard Los Angeles, CA 90025 - 1251 ☎ 1-800-648- 8857		X		X		

ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
STEP School Transition to Employment Partnership (Available through the South Dakota Department of Labor and your school's STEP Coordinator.)	X	X			X	X
<input checked="" type="checkbox"/> Self - Directed Search Jist Works, Inc. 720 North Park Avenue Indianapolis, IN 46202 - 3431 ☎ 1-800-648- JIST	X					
<input checked="" type="checkbox"/> Self - Directed Search Career Explorer The Psychological Corp Order Service Center PO Box 839954 San Antonio, TX 78283 - 3954 ☎ 1-800-228- 0752	X					
<input checked="" type="checkbox"/> Social Skills Rating System American Guidance Service 4201 Woodland Road PO Box 99 Circle Pines, MN 55014 - 9989 ☎ 1-800-328- 2560	X		X	X		

ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
Street Survival Skills Questionnaire The Psychological Corp Order Service Center PO Box 839954 San Antonio, TX 78283 - 3954 ☎ 1-800-228- 0752		X		X		
Strong Vocational Interest Blank for Men and Women The Psychological Corp (Address as above)	X					X
<input checked="" type="checkbox"/> Student Transition Questionnaire (Technical assistance guide, <u>From School To Adulthood:</u> <u>Special</u> <u>Education</u> <u>Students in</u> <u>Transition</u>) Special Education Programs 700 Governors Drive Pierre, SD 57501 - 2291 ☎ 605-773-3678	X	X	X	X		X
<input checked="" type="checkbox"/> Teaching Functional Academics EDMARK PO Box 97021 Redmond, WA 98073 - 9721 ☎ 1-800-362-						

2890						
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ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
Test Your Own Job Aptitude: Exploring Your Career Potential Paperbacks for Educators 426 West Front Street Washington, MO 63090 ☎ 1-800-227-2591	X					
The Real Life Aptitude Test: How to Find Out What You Want - and Get It! Paperbacks for Educators (Address as above)	X					
<input checked="" type="checkbox"/> Transition Behavior Scale Hawthorne Educational Services 800 Gray Oak Drive Columbia, MO 65205 ☎ 1-800-542-1673	X	X				
Transition Competence Battery for Deaf and Hard of Hearing Adolescents and Adults James Stanfield Co., Inc. PO Box 41058 Santa Barbara, CA 93140 ☎ 1-800-421-6534	X	X	X	X		

ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
Vocational Adaptation Rating Scale (Maladaptive behavior in work setting) Western Psychological Services 12031 Willshire Boulevard Los Angeles, CA 90025 - 1251 ☎ 1-800-648-8857	X					
Vocational Learning Styles Software EBSCO Curriculum Materials Division of EBSCO Industries, Inc. PO Box 486 Birmingham, AL 35201 ☎ 1-800-633-8623	X					X
Vocational Preference Inventory Western Psychological Services 12301 Willshire Boulevard Los Angeles, CA 90025 - 1251 ☎ 1-800-648-8857	X					X
Wide Range Interest - Opinion Test The Psychological Corp Order Service Center PO Box 839954 San Antonio, TX 78283 - 3954 ☎ 1-800-228-0752	X					X

ASSESSMENT DEVICE	Voc. Interest or Work Readiness	Independent Living	Recreation/ Leisure	Community Participation	Adult Services	Post Secondary Education
Work Adjustment Inventory The Psychological Corp (Address as above)	X					
Zen and the Art of Making a Living: A Practical Guide to Creative Career Design Paperbacks for Educators 426 West Front Street Washington, MO 63090 ☎ 1-800-227-2591	X					

AUTISM

SD Administrative Rules pertaining to eligibility criteria for autism:

24:05:24.01:02. Screening procedures for autism. If a student is suspected of having autism, screening procedures for autism shall include a review of any medical, hearing, and vision data on the student; the history of the student's behavior; and the student's current patterns of behavior related to autism.

24:05:24.01:03. Autism defined. Autism is a developmental disability that significantly affects verbal and nonverbal communication and social interaction and results in adverse effects on the student's educational performance.

Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

The term does not apply if the student's educational performance is adversely affected primarily because the student has an emotional disturbance as defined under Part B of Individuals with Disabilities Education Act.

24:05:24.01:04. Diagnostic criteria for autism. An autistic disorder is present in a student if at least six of the following twelve characteristics are expressed by a student with at least two of the characteristics from subdivision (1), one characteristic from subdivision (2), and one characteristic from subdivision (3):

(1) Qualitative impairment in social interaction, as manifested by at least two of the following:

- (a) Marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures, to regulate social interaction;
- (b) Failure to develop peer relationships appropriate to developmental level;
- (c) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, such as a lack of showing, bringing, or pointing out objects of interest;
- (d) Lack of social or emotional reciprocity;

(2) Qualitative impairment in communication as manifested by at least one of the following:

- (a) Delay in, or total lack of, the development of spoken language not accommodated by an attempt to compensate through alternative modes of communication, such as gesture or mime;
- (b) In an individual with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others;
- (c) Stereotyped and repetitive use of language or idiosyncratic language;
- (d) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level;

(3) Restricted repetitive and stereotyped patterns of behavior, interests, and activities as manifested by at least one of the following:

- (a) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus;
- (b) Apparently inflexible adherence to specific, nonfunctional routines or rituals;
- (c) Stereotyped and repetitive motor mannerisms, such as hand or finger flapping or twisting, or complex whole-body movements;
- (d) Persistent preoccupation with parts of objects.

A student with autism also exhibits delays or abnormal functioning in at least one of the following areas, with onset generally prior to age three: social interaction, language used as a social communication, or symbolic or imaginative play. A student who manifests the characteristics of autism after age three could be diagnosed as having autism if the criteria in this section are satisfied.

24:05:24.01:05. Diagnostic procedures for autism. School districts shall refer students suspected as having autism for a diagnostic evaluation to an agency specializing in the diagnostic and educational evaluation of autism or to another multidisciplinary team or group of persons who are trained and experienced in the diagnosis and educational evaluation of persons with autism.

A student suspected of autism must be evaluated in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

The evaluation shall utilize multiple sources of data, including information from parents and other caretakers, direct observation, performance on standardized tests of language/communication and cognitive functioning and other tests of skills and performance, including specialized instruments specifically developed for the evaluation of students with autism.

24:05:24.01:06. Instruments used in diagnosis of autism. Instruments used in the diagnosis of students suspected of having autism include those which are based on structured interviews with parents and other caregivers, behavior rating scales, and other objective behavior assessment systems.

Instruments used in the diagnosis of students with autism must be administered by trained personnel in conformance with the instructions provided by their producer.

No single instrument or test may be used in determining diagnosis or educational need. Specific consideration must be given to the following issues in choosing instruments or methods to use in evaluating students who are suspected of having autism:

- (1) The student's developmental level and possible deviations from normal development across developmental domains;
- (2) The student's primary mode of communication;

(3) The extent to which instruments and methods identify strengths as well as deficits; and

(4) The extent that instruments and methods are tailored to assess skills in relationship to everyday activities and settings.

Suggested evaluations to be conducted based on autism as a suspected disability-
<p>Note: the evaluation must be completed by a group of persons who are trained, knowledgeable and experienced in the diagnosis and educational evaluation of persons with autism.</p> <ul style="list-style-type: none">-Ability-Academic achievement-Speech/language-Adaptive behavior-Social skills-Behavior <p>-If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, motor, hearing, etc.</p>
<p>REMINDER-</p> <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

- 1. What requirements are in place to certify a group of persons as being “trained, knowledgeable and experienced in the diagnosis and educational evaluation of persons with autism?”**

Chapter 24:05:23, Requirements for child evaluators, outlines the administrative rule requirements for evaluators. No specific certification is available to certify a group of persons as “trained, knowledgeable and experienced in the diagnosis and educational evaluation of persons with autism.” It is up to each school district or agency to verify that the group of persons who diagnose and evaluate students with autism are trained and experienced in this area.

- 2. How does this criteria differ from the criteria previously in effect for diagnosing autism as a disabling condition, which results in the student's need for special education or special education and related services?**

The criteria now in effect reflects the most current DSM-IV (Diagnostic and Statistical Manual) definition for autism. The previous criteria for autism was from a previous version of DSM. SDCL 13-137-28, passed by the 1996 Legislature, requires the department to use the DSM-IV definition of autism.

3. Where can professionals and families go to obtain more information about the diagnosis of autism and current intervention techniques?

One source of information is the South Dakota University Affiliated Program (SDUAP) which provides training in intervention techniques through the Autism Program. Additionally, the SDUAP has clinical resources and personnel available to assist in the assessment of individuals suspected of having autism.

The SDUAP maintains a large resource center called the Wegner Health Science Information Center. This center contains books, videos, and files on a large variety of topics, including autism. These items will be mailed out for a three week lending period. Cost is return postage to the resource center.

To contact the SDUAP, call 1-800-658-3080.

To contact the Wegner Center call 1-800-521-2987 or 1-605-357-1400

DEAF-BLINDNESS

SD Administrative Rules pertaining to eligibility criteria for deaf-blindness:

24:05:24.01:07. Deaf-blindness defined. Deaf-blindness means that hearing and visual impairments affect a student at the same time. Students may be identified as deaf-blind when both vision and hearing impairments exist which are so severe that their sensory acuity cannot be determined and adaptations in both auditory and visual modes are required, or there is no response to auditory and visual stimuli.

Suggested evaluations to be conducted based on deaf-blindness as a suspected disability-
<ul style="list-style-type: none">-Ophthalmological and audiological-Ability-Academic achievement-Speech/language-Adaptive behavior-Braille assessment (the team shall consider based upon age-appropriateness)-Orientation and mobility-If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, motor, hearing, etc.
REMINDER-
<ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. At what age is it considered appropriate for the team to assess the child in the areas of Braille?

It is a good idea for the IEP team to discuss Braille assessment early in the child's educational program. For a preschool-aged child, the team may consider incorporating sensory experiences or pre-Braille activities to develop a base for future Braille use. When the child is ready to learn to read, the team should begin to discuss which medium should be used for the child.

A number of methods may be used by the team to determine what medium for reading and writing is best suited to the child's individual needs. For some

children, reading may not come up as a primary need until later in their educational program. As with all elements of the individualized educational program, the needs of the child will determine program characteristics. For every child, the program will be different.

2. **Is it necessary for a child, due for a 3 year reevaluation, to be seen again by the ophthalmologist and audiologist, if deaf-blindness has already been determined as a disabling condition?**

The team must determine which areas need to be assessed for current information purposes. Many children who are identified as deaf-blind see these professionals on an annual or even more frequent basis. As with any disabling condition, change can and will occur over time. It is important to maintain current information to make appropriate educational decisions.

DEAFNESS

SD Administrative Rules pertaining to eligibility criteria for deafness:

24:05:24.01:08. Deafness defined. Deafness is a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, even with amplification.

A student may be identified as deaf when the unaided hearing loss is in excess of 70 decibels and precludes understanding of speech through the auditory mechanism, even with amplification, and demonstrates an inability to process linguistic information through hearing, even with amplification.

Suggested evaluations to be conducted based on deafness as a suspected disability-
<ul style="list-style-type: none">-Audiological evaluation-Ability-Academic achievement-Speech/language-If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, adaptive behavior, social skills, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. Is a student who is deaf automatically eligible for special education?

Any student, regardless of his identified disability, must meet a two prong test to be considered eligible for special education in South Dakota. First, the student must have an identified disability which meets the criteria outlined in administrative rule. Second, the disability must adversely affect educational performance which results in the need for special education or special education and related services. Therefore, it is possible that a student could meet the eligibility criteria and have an identified disability, however, evaluation shows that the student's disability does not adversely affect educational performance. Therefore, that student would not be considered in need of special education under South Dakota Administrative Rule.

2. If a student is identified as being deaf by an audiologist, does the student have to be evaluated any further?

Yes, the student would need to have a comprehensive evaluation completed in accordance with ARSD 24:05:25:04. Evaluation Procedures. This rule outlines the requirement that no single procedure is to be used as the sole criterion for determining an appropriate educational program for a child.

HEARING IMPAIRMENT

SD administrative Rules pertaining to eligibility criteria for hearing impaired:

24:05:24.01:10. Hearing impairment defined. A student may be identified as hearing impaired if an unaided hearing loss of 35 to 69 decibels is present that makes the acquisition of receptive and expressive language skills difficult with or without the help of amplification.

Suggested evaluations to be conducted based on hearing impairment as a suspected disability-
<ul style="list-style-type: none">-Audiological evaluation-Ability-Academic achievement-Speech/language-If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, adaptive behavior, social skills, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

- 1. If a student is identified with a hearing impairment by an audiologist, are they automatically eligible for special education?**

Any student, regardless of his identified disability, must meet a two prong test to be considered eligible for special education in South Dakota. First, the student must have an identified disability which meets the criteria outlined in administrative rule. Second, the disability must adversely affect educational performance which results in the need for special education or special education and related services. Therefore, it is possible that a student could meet the eligibility criteria and have an identified disability, however, evaluation shows that the student's disability does not adversely affect educational performance. Therefore, that student would not be considered in need of special education under South Dakota Administrative Rule.

2. Some students have fluctuating hearing loss. Are they eligible under the category of hearing impaired?

They may be eligible. The federal definition states “hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance.”

MENTAL RETARDATION

SD Administrative Rules pertaining to eligibility criteria for mental retardation:

24:05:24.01:11. Mental retardation defined. Mental retardation is significantly below-average intellectual functioning existing concurrently with deficits in adaptive behavior and is generally manifested before age eighteen. The required evaluative components for identifying a student with mental retardation are as follows:

- (1) General intellectual functioning two standard deviations or more below the mean as determined by the full scale score on an individual cognitive evaluation, plus or minus standard error of measurement, as determined in accordance with § 24:05:25:04; and
- (2) Exhibits deficits in adaptive behavior and academic or preacademic skills as determined by an individual evaluation in accordance with § 24:05:25:04.

Suggested evaluations to be conducted based on mental retardation as a suspected disability-

<ul style="list-style-type: none">-Ability-Academic achievement-Adaptive behavior-Social Skills-If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, motor, hearing, etc.
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REMINDER-

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| <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options. |
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COMMONLY ASKED QUESTIONS

1. **What does the term “plus or minus standard error of measurement” mean when figuring the two standard deviations below the mean as determined by individual cognitive evaluation?**

One standard deviations equals 15 points, therefore two standard deviations equals 30 points on most commonly used instruments. On a mean of 100, the two

standard deviations subtracted equals a score of 70. This means the team is looking for a score of 70 or below.

The student's standard score is tabulated for general intellectual functioning (typically, this is an ability measure). Then, the standard error of measurement (SEM) plus or minus is figured into the received standard score. The result provides a range of scoring. This range of general intellectual function must fall within a 70 or below to meet this portion of the criteria. For example, on an ability measure, the student receives a standard score of 73. The standard error of measurement is plus(+) or minus(-) 5. The range of general intellectual functioning would be 68 to 78. Therefore, this student meets this portion of the mental retardation criteria, as the range falls with a 70 or below.

REMINDER: The category of mental retardation is the only category in which the standard error of measurement is to be figured into determining eligibility for special education or special education and related services.

2. Can the IEP team use subtests to figure the range?

No, subtest scores do not provide a comprehensive picture of the individuals ability or achievement. The total score received through the evaluation process must be used.

3. If a student does not qualify as a student in need of special education under this disability category, what assistance can be given?

Students who exhibit educational difficulties, but do not meet the requirements of eligibility criteria, may still need assistance. The types of assistance will vary greatly based on the individual's needs. Responding to the diverse learner's needs calls for school districts to be flexible and creative. Districts will need to consider if such a student qualifies for services under the Section 504 of the Rehabilitation Act of 1973. This is a civil rights act which requires that school districts make programs and activities accessible and useable to all eligible individuals with disabilities. Eligibility for Section 504 services must be determined through the team process, and the student must meet a specific set of criteria. Just as with special education, not every child who has a disability will be considered disabled under the definition of Section 504.

Developing and implementing an array of intervention techniques, including instructional support teams (sometimes called teacher assistance or student assistance teams) developing modifications within the classroom, utilizing peer tutors, and other such methods are all ways to meet the diverse learner's needs. These methods not only assist the student with learning difficulties, but also provide support and assistance for staff.

MULTIPLE DISABILITIES

SD Administrative Rules pertaining to eligibility criteria for multiple disabilities:

24:05:24.01:12. Multiple disabilities defined. Multiple disabilities means that two or more of the following disabilities affect the student at the same time: deafness, mental retardation, orthopedic impairment, other health impairment, serious emotional disturbance, speech or language impairment, traumatic brain injury, and visual impairment including blindness. The term does not include deaf-blindness.

Suggested evaluations to be conducted based on multiple disabilities as a suspected disability-
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-Refer to the two (or more) disability category sections which the student is suspected of having for suggested evaluations

REMINDER-

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| <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options. |
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COMMONLY ASKED QUESTIONS

1. What students qualify under this disability category?

This category is for students who have a combination (two or more) of the following disabilities at the same time: deafness, mental retardation, orthopedic impairment, other health impairment, serious emotional disturbance, speech or language impairment, traumatic brain injury and visual impairment including blindness. Therefore, the student must have two or more of the previously listed disabilities occurring simultaneously. If a student has an identified disability not listed above, they can not be considered as having a multiple disability.

REMINDER: A student with deaf-blindness does not qualify under this category.

2. Does the student have to meet the criteria under each of the disability categories in order to be considered as having a multiple disability?

Yes, the student would have to meet the requirements of each disabling condition. Each disabling condition listed has specific criteria under administrative rule. In order to be considered as a student with the disabling condition, those criteria must be met.

ORTHOPEDIC IMPAIRMENT

SD Administrative Rules pertaining to eligibility criteria for orthopedic impairment:

24:05:24.01:13. Orthopedic impairment defined. Orthopedic impairment is an impairment caused by a congenital anomaly, such as club foot or absence of some member; a disease, such as poliomyelitis, or bone tuberculosis; or another cause, such as cerebral palsy, an amputation, or a fracture or burn that causes contractures.

There must be evidence of the following:

- (1) That the student's impaired motor functioning significantly interferes with educational performance;
- (2) That the student exhibits deficits in muscular or neuromuscular functioning that significantly limit the student's ability to move about, sit, or manipulate materials required for learning;
- (3) That the student's bone, joint, or muscle problems affect ambulation, posture, or gross and fine motor skills; and
- (4) That current medical data by a qualified medical evaluator describes and confirms an orthopedic impairment.

Suggested evaluations to be conducted based on orthopedic impairment as a suspected disability-
-Ability -Academic achievement -Gross/fine motor -Adaptive behavior -The team has available current medical data from a qualified medical evaluator -If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, speech language , hearing, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

- 1. The administrative rule lists a number of orthopedic impairments. Are these the only identified orthopedic impairments a student may have in order to be considered eligible under this category?**

The list provided in administrative rule 24:05:24:13 is not an all inclusive list. It provides examples, “such as club foot or absence of some member....” A student may have another type of orthopedic impairment not specifically listed in the rule, but still meet all the criteria of having an orthopedic impairment.

- 2. Does the student have to meet all four elements of the administrative rule in order to meet the criteria for having an orthopedic impairment:**
- (1) impaired motor functioning interfering with educational performance;
 - (2) exhibits deficits in muscular or neuromuscular functioning that limits the student’s ability to move about, sit or manipulate materials for learning;
 - (3) the student’s bone, joint or muscle problems affect ambulation, posture or gross and fine motor skills; and
 - (4) current medical data by a qualified medical evaluator describes and confirms an orthopedic impairment?

Yes, there must be evidence supporting all four elements in ARSD 24:05:24:01.13 Orthopedic impairment defined.

- 3. Who is considered a qualified medical evaluator?**

A medical evaluator must be licensed to practice medicine or osteopathy by the State Board of Medical and Osteopathic Examiners.

- 4. Would a student with a temporary disability, such as a broken leg, qualify as a student with an orthopedic impairment?**

A student with a temporary disability, such as a broken leg, would have to meet the two prong test in order to be considered as a student in need of special education or special education and related services. First, the student would have to have an identified disability which meets the criteria outlined in administrative rule. Second, as a result of the disability, it has adversely affected his educational performance, and the student needs special education or special education and related services. Typically, a student with an injury that is short-term would not be in need of special education. However, the student might be in need of some short-term accommodations, perhaps under Section 504, and adaptations in order to continue to participate fully in his educational program. Every student must be referred and evaluated on an individual basis, therefore, no one answer will meet every situation. It must be a team decision in terms of what steps to take.

OTHER HEALTH IMPAIRED

SD Administrative Rule pertaining to eligibility criteria for other health impaired:

24:05:24.01:14. Other health impaired defined. Other health impaired means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, because of a chronic or acute health problem, such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, attention deficit disorder or attention deficit hyperactivity disorder, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, that adversely affects a student's educational performance.

Adverse effects in educational performance must be verified through the multidisciplinary evaluation process as defined in §24:05:13:01(18).

Suggested evaluations to be conducted based on other health impaired as a suspected disability-
<p>-Ability -Academic achievement -Documentation of a chronic or acute health problem -If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, adaptive behavior, social skills, speech language, hearing, etc.</p>
<p>REMINDER-</p> <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

- 1. The administrative rule lists a number of health impairments. Are these the only identified health impairments a student may have in order to be considered eligible under this category?**

The list provided in ARSD 24:05:24:14 Other health impaired defined, is not an all inclusive list. It provides examples, “such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, attention deficit disorder or attention deficit hyperactivity disorder, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes.” A student may have another type of health impairment not

specifically listed in the rule, but still meets all the criteria of having an health impairment (limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, because of a chronic or acute health problem) that adversely affects a student's educational performance.

2. Is this a category under which a student with attention-deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) could be eligible?

ADD/ADHD are not specific disabling conditions under the IDEA, although a student with ADD/ADHD may be eligible as "other health impaired: or another specific disability under 34 CFR 300.7 (c) by reason of the condition(s).

The classification of ADD/ADHD depends on the particular presentation of the disorder in an individual student and must be determined on a case-by-case basis. Thus, a student could have a qualifying "other health impairment" under CFR 300.7 (c) if the ADD or ADHD limits the student's alertness and adversely impacts his academic performance. The 1999 IDEA regulations affirm prior OSEP interpretation of the law in this regard. *E.g., Letter to Cohen*, 20 IDELR 73 (OSEP 1993) (limited alertness must be viewed in terms of its effect on educational performance). Again, section 300.7(c)(9) defines an other health impairment as "including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment."

In other instances, a student with ADD or ADHD may be eligible for services under the classification of an "emotional disturbance" (ED), 34 CFR 300.7 (c)(4), or a "specific learning disability" (SLD), 34 CFR 300.7 (c)(10). It is important to note that a student with ADD or ADHD will not qualify for classification under either of those latter categories unless he meets the specific eligibility criteria for the condition.

3. How severe of a problem must a student have in order to meet the criteria for the disability category of other health impaired?

The administrative rules require that a chronic or acute health problem be present which adversely affects the educational performance of the student. This is verified through the IEP team decision-making process. Documentation of the chronic or acute health problem must be present, as well as evidence that the health problem adversely affects the student's ability to gain benefit from the educational program.

4. Is it a requirement to have a medical doctor provide a diagnosis in order to identify a student as being other health impaired?

There should be documentation available which verifies a chronic and/or acute health problem exists. This information could come from a medical doctor or from other evaluations.

EMOTIONAL DISTURBANCE

SD Administrative Rule pertaining to eligibility criteria for emotional disturbance:

24:05:24.01:16. Emotional disturbance defined. Emotional disturbance is a condition that exhibits one or more of the following characteristics to a marked degree over a long period of time:

- (1) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (3) Inappropriate types of behavior or feelings under normal circumstances;
- (4) A general pervasive mood of unhappiness or depression; or
- (5) A tendency to develop physical symptoms or fears associated with personal or school problems.

An emotional disturbance is not a transient expected response to stressors in the individual's environment; or misbehavior that can generally be corrected by environmental intervention. Environmental intervention includes feedback to the individual, advice to parents, and modifications and strategies addressed through teacher assistance team programs, or similar programs.

The term, emotional disturbance, includes schizophrenia. The term does not apply to a student who is socially maladjusted unless a multidisciplinary evaluation team determines pursuant to §24:05:24.01:17 that the student has an emotional disturbance.

24:05:24.01:17. Criteria for emotional disturbance. A student may be identified as emotionally disturbed if the following requirements are met:

- (1) The student demonstrates serious behavior problems over a long period of time, generally at least six months, with documentation from the school and one or more other sources of the frequency and severity of the targeted behaviors;
- (2) The student's performance falls two standard deviations or more below the mean in emotional functions, as measured in school, home, and community on nationally normed technically adequate measures; and
- (3) An adverse effect on educational performance is verified through the multidisciplinary evaluation process as defined in §24:05:13:01(18).

A student may not be identified as having an emotional disturbance if common disciplinary problem behaviors, such as truancy, smoking, or breaking school conduct rules, are the sole criteria for determining the existence of an emotional disturbance.

Suggested evaluations to be conducted based on emotional disturbance as a suspected disability-

- Ability
- Academic achievement
- Observation
- Emotional function (behavior) As most tests are not well normed and can be very subjective providing two measures at a minimum can show the validity of the scores and support the results.
- Social Skills
- If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, adaptive behavior, speech or language.

REMINDER-

- Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.
- Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS ABOUT EMOTIONAL DISTURBANCE

1. **ARSD 24:05:24.01.16 Emotional disturbance defined. lists five sets of characteristics pertinent to emotional disturbance. Does this mean in order to identify a student as having an emotional disturbance that he must have all five sets of characteristics?**

No, the student may exhibit one or more of any of the characteristics listed over a long period of time and to a marked degree.

2. **To meet the criteria for having an emotional disturbance, the team may only identify a student when they have demonstrated a serious behavior problem over a long period of time, generally not less than 6 months. Does this mean the team is restricted from doing any interventions or evaluations during that 6 month period?**

No, the team is not restricted from attempting interventions or beginning to evaluate a student. This time period would typically be a time for interventions. These interventions might include the use of behavior management plans, attempting various educational modifications, or utilizing the instructional assistance team model (sometimes called teacher assistance team). The team is

not limited in any fashion from attempting to remediate the student's behavioral and educational difficulties during this six month time frame. This time period assists the evaluation team in making the determination of whether the student's serious behavioral problems are temporary or long lasting.

3. **ARSD 24:05:24.01.17 Criteria for emotional disturbance calls for the documentation from school, and one or more other sources, of the frequency and severity of the targeted behavior. Where should the other sources come from?**

The other sources may be from the student's home, community or other agencies who are directly working with the student. It is assumed that the sources would be those in which the student is known, and who have evidence of the frequency and severity of the behavior.

4. **Is there a required form to use for documenting targeted behavior?**

No, the administrative rule requires that the serious behavior problem be documented, but there is no mandated form for use. The documentation must show the serious behavior has been demonstrated over a long period of time, and that there is two or more sources (one from the school) of the frequency and severity of the targeted behaviors.

5. **The student's performance must fall two standard deviations or more below the mean in an emotional functions. What does this mean?**

This means that the student will be given at least one normed measure of behavior. The student's score must fall two standard deviations below the mean. If the measure has a mean of 100, and a standard deviation of 15 points, the student's score would have to be at 70 or below.

6. **Can students be identified as having an emotional disturbance and be in need of special education if they are performing academically well in the classroom?**

In order to be identified as being in need of special education services, an adverse effect on the student's educational performance must be present. For a student with an emotional disturbance, the following are examples of adverse educational effects:

- a discrepancy between individual achievement and classroom performance;
- wide variability (inconsistency) in daily achievement/performance that is not based on an identified learning disability or developmental delay;
- a significant decline in overall academic performance as outlined by the district grading practices;

- an inability to concentrate and/or participate as directed by the adult which is not consistent with developmental level;
- an inability to attend school for emotional reasons;
- unrealistic perceptions of school and/or home expectations; and
- an inability to maintain relationships with adults and peers, which prevents the student from participating in classroom learning.

7. How does the IEP team tell the difference between a student who has an emotional disturbance and a student who is simply having conduct problems?

It is imperative that the team does a thorough job of observing and documenting the student's difficulties. Generally, if conduct related concerns are the only areas which show up as significant on a behavioral assessment, this may be an indicator that the student is not emotionally disturbed.

Listed below are some distinctions the IEP team may wish to consider when determining if the behavior is related to conduct problems versus emotional disturbance:

- A. Students with conduct disorders exhibit such overt behavior problems as acting out, an inability to conform to school rules and/or impulsive antisocial actions. In the context of such behaviors, they consistently:
- disrupt other children;
 - are disrespectful or discourteous to others;
 - do not do what is required;
 - are rough or noisy;
 - are destructive to their own or others belongings;
 - indicate bad feelings about school;
 - use profanity excessively;
 - do not obey commands from authority figures;
 - are uncooperative in group activities;
 - are hot tempered - fighting with others without provocation;
 - are undependable and/or irresponsible; and/or
 - test classroom and school rules to extreme limits; (Mann, Suiter and McClung, 1979).
- B. No matter how outrageous, students with a conduct disorder do not typically assume responsibility for their behavior, its implications or consequences. They perceive themselves as essentially normal, that they have the right to behave as they do. They do not "own their problems," thus, when they are confronted about some behavioral problem, they are likely to respond "what problem?" and proceed to shift it's onus to the teacher or other students.

- C. Students who are emotionally disturbed, on the other hand, express ownership of their problem. In effect, either directly or subtly, they reflect internalized self-identity, self-concept and related problems which convey expressions of internalized affective disturbances (“I don’t feel good about myself because...”). Such expressions may be seen through difficulties in contact with reality, in thinking, or mood; in conflicted and/or bizarre interpersonal interactions, and in manifestly neurotic (phobic, obsessive, compulsive, disassociative and related) behaviors.

SPECIFIC LEARNING DISABILITY

SD Administrative Rule pertaining to eligibility criteria for specific learning disabilities:

24:05:24.01:18. Specific learning disability defined. Specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The terms does not apply to students who have learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; emotional disturbance; or environmental, cultural, or economic disadvantage.

24:05:24.01:19. Criteria for specific learning disability. A student may be identified as having a specific learning disability under the following circumstances:

(1) The student does not achieve commensurate with the student's age and ability levels in one or more of the areas listed in subdivision (2) of this section when provided with learning experiences appropriate for the student's age and ability levels; and

(2) The team finds that a student has a severe discrepancy of 1.5 standard deviations between achievement and intellectual ability in one or more of the following areas:

- (a) Oral expression;
- (b) Listening comprehension;
- (c) Written expression;
- (d) Basic reading skill;
- (e) Reading comprehension;
- (f) Mathematical calculation; or
- (g) Mathematical reasoning.

The team must consider regression to the mean in determining the above discrepancy.

When using a measure of intellectual functioning which has verbal and performance subscales, the total score must be used unless there is a difference of more than one standard deviation between the two scores. If there is a difference of more than one standard deviation between the two subscales, the higher scale must be used.

Suggested evaluations to be conducted based on specific learning disability as a suspected disability-
-Ability -Academic achievement -Observation -If the team decides there are other areas of suspected disability, other evaluations must

be given including, if appropriate, speech or language, social skills, etc.

REMINDER-

- Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.
- Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. **ARSD 24:05:24:01.19 Criteria for specific learning disability states that the IEP team must consider regression to the mean in determining the existence of a severe discrepancy between ability and achievement. Why was this put into the rule?**

IEP teams are directed to consider regression to the mean as it provides a more equitable method of determining whether or not a student has a learning disability. By considering the regression to the mean, this takes into account the variability, which can occur in testing situations.

2. **When determining if a student has a severe discrepancy of 1.5 standard deviations, can grade or age equivalent scores be used?**

No, grade or age equivalent scores cannot be used to establish a severe discrepancy. Standard scores must be used to establish the discrepancy between ability and achievement.

3. **Can the IEP team use subtests to figure the range?**

No, subtest scores do not provide a comprehensive picture of the individual's ability or achievement. The total score received through the evaluation process must be used.

4. **The WISC-III has three scores, a total score, a verbal score and a performance score. Which one should be used when to compare to the achievement score?**

The total score should be used **UNLESS** the following occurs: when there is a difference of more than one standard deviation (which means 16 points) between the verbal score and the performance score, the higher of these two scores must be used to compare to the student's achievement score.

5. **How is regression to the mean determined?**

Regression to the mean is most commonly figured through the use of a computer program system or with the use of a regression chart, such as the one on the following page.

**REGRESSED SCORES FOR DETERMINING A DISCREPANCY
BETWEEN ABILITY (IQ) AND ACHIEVEMENT**

For use with scores that have a mean of 100 and a standard deviation of 15.

Obtained IQ score	Achievement Standard Score 1.5 sd	Obtained IQ score	Achievement Standard Score 1.5 sd
130	95 or below	102	81 or below
129	95 or below	101	81 or below
128	94 or below	100	80 or below
127	94 or below	99	80 or below
126	93 or below	98	79 or below
125	93 or below	97	79 or below
124	92 or below	96	79 or below
123	92 or below	95	79 or below
122	91 or below	94	77 or below
121	91 or below	93	77 or below
120	90 or below	92	76 or below
119	90 or below	91	76 or below
118	89 or below	90	75 or below
117	89 or below	89	75 or below
116	88 or below	88	74 or below
115	88 or below	87	74 or below
114	87 or below	86	73 or below
113	87 or below	85	73 or below
112	86 or below	84	72 or below
111	86 or below	83	72 or below
110	85 or below	82	71 or below
109	85 or below	81	71 or below
108	84 or below	80	70 or below
107	84 or below	79	70 or below
106	83 or below	78	69 or below
105	83 or below	77	69 or below
104	82 or below	76	68 or below
103	82 or below	75	68 or below
		74	67 or below
		73	67 or below
		72	66 or below

SPEECH OR LANGUAGE IMPAIRMENT

SD Administrative Rules pertaining to eligibility criteria for speech or language impairments:

24:05:24.01:20. Speech or language disorder defined. Speech or language impairment is a communication disorder such as stuttering, impaired articulation, a language disorder, or a voice disorder.

Suggested evaluations to be conducted based on speech or language impairment as a suspected disability-
<ul style="list-style-type: none">-Articulation: a standardized articulation test and observation-Fluency: as determined by the speech/language clinician-Voice: as determined by the speech/language clinician, medical evaluation may be necessary-Language up through age 8: language assessments, checklists, language samples-For language after age 9: standardized language assessment, ability measure must be given-If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, behavioral, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. Does a student have to meet the criteria for a speech or language impairment in order to receive speech and language therapy as a related service?

No, the criteria which is in place for speech or language impairments (articulation, fluency, voice and language disorders) is utilized when a speech or language impairment is the **PRIMARY** disabling condition. It is not required that a student in need of special education meet this criteria in order to receive speech or language services as a related service. To be provided as a related service, the IEP team must determine that the related service is necessary in order for the student to benefit from the special education program.

ARTICULATION DISORDERS

24:05:24.01:21. Articulation disorder defined. Articulation disorders include all non-maturational speech deviations based primarily on incorrect production of speech sounds. Articulation disorders include omissions, substitutions, additions, or distortions of phonemes within words. Articulation patterns that can be attributed to cultural or ethnic background are not disabilities.

24:05:24.01:22. Criteria for articulation disorder. A student may be identified as having an articulation disorder if one of the following criteria exist:

(1) Performance on a standardized articulation test falls two standard deviations below the mean and intelligibility is affected in conversation;

(2) Test performance is less than two standard deviations below the mean but the student is judged unintelligible by the speech and language clinician and one other adult;

(3) Performance on a phonological assessment falls in the profound or severe range and intelligibility is affected in conversation; or

(4) Performance on a phonological assessment falls in the moderate range, intelligibly is affected in conversation, and during a tracking period of between three and six months there was a lack of improvement in the number and type of errors; or

(5) An error persists six months to one year beyond the chronological age when 90 percent of students have typically acquired the sound based on developmental articulation norms.

COMMONLY ASKED QUESTIONS

1. **ARSD 24:05:24.01.22 Criteria for articulation disorder. lists five ways a student may be identified as having an articulation disorder. Does a student have to meet all five criteria in order to be identified as speech or language impaired?**

No. When reading the administrative rule, note that these are five different criteria in which a student could meet the eligibility criteria. The student need only meet one of the five criteria listed.

2. **Does a standardized articulation test have to be given?**

Yes, a standardized articulation test must be given. In administrative rule, the requirements for evaluation state specifically that the tests must be valid, using procedures that are appropriate for the diagnosis and appraisal of speech and language impairments.

FLUENCY DISORDER

24:05:24.01:23. Fluency disorder defined. A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.

24:05:24.01:24. Criteria for fluency disorder. A student may be identified as having a fluency disorder if:

(1) The student consistently exhibits one or more of the following symptomatic behaviors of dysfluency:

- (a) Sound, symbolic, or word repetition;
- (b) Prolongations of sounds, syllables, or words;
- (c) Blockages; or
- (d) Hesitations.

(2) There is a significant discrepancy from the norm as measured by speech sampling in a variety of contexts. A significant discrepancy from the norm is five dysfluencies a minute; or

(3) The disruption occurs to the degree that the individual or persons who listen to the individual react to the manner of speech and the disruptions in a way that impedes communication.

COMMONLY ASKED QUESTIONS

1. What does “significant discrepancy from the norm” mean?

This is defined in rule as five dysfluencies per minute. A speech observation is necessary to document the significant discrepancy.

2. Does a student have to exhibit one or more symptomatic behaviors, have a significant discrepancy from the norm and have impeded communication in order to be considered as meeting all the criteria under fluency disorders?

A student could meet the criteria by 1) exhibiting one or more symptomatic behaviors of dysfluency **AND** 2) having a significant discrepancy from the norm (average) **OR** 3) having disruptions to such a degree that communication is impeded.

VOICE DISORDER

24:05:24.01:25. Voice disorder defined. A voice disorder is characterized by the production absence of vocal quality, pitch, loudness, resonance, duration which is inappropriate for an individual's age or gender, or both.

24:05:24.01:26. Criteria for voice disorder. A student may be identified as having a voice disorder if:

- (1) Consistent deviations exist in one or more of the parameters of voice: pitch, quality, or volume;
- (2) The voice is discrepant from the norm for age, gender, or culture and is distracting to the listener; and
- (3) The disorder is not the result of a temporary problem, such as normal voice changes, allergies, colds, or similar conditions.

COMMONLY ASKED QUESTIONS

1. Is a medical evaluation required to verify a voice disorder?

No. However many voice problems are based on medical concerns such as polyps on the vocal chord.

2. Can a student who has a voice disorder and is performing well in the classroom qualify for special education services?

Remember, eligibility for special education is a two prong test. First, the student must have an identified disability which meets the criteria defined in administrative rule. Second, as a result of the disability, educational performance is adversely affected, and therefore the student is in need of special education or special education and related services. If a student can make himself understood and communicate effectively despite the disorder, then educational performance is not adversely affected by the disorder.

2. To meet the criteria for voice disorder, must a student have all three of the following:

- **consistent deviations in one or more parameters of voice;**
- **the voice is discrepant from the norm and is distracting to the listener;**
and
- **the disorder is not the result of a temporary problem.**

Yes, all elements listed must be met in accordance with ARSD 24:05:24.01.26. Criteria for voice disorder.

LANGUAGE DISORDER

24:05:24.01:27. Language disorder defined. A language disorder is a reduced ability, whether developmental or acquired, to comprehend or express ideas through spoken, written, or gestural language. The language disorder may be characterized by limited vocabulary, an inability to function through the use of words (pragmatics) and their meanings (semantics), faulty grammatical patterns (syntax and morphology), or the faulty reproduction of speech sounds (phonology). A language disorder may have a direct or indirect affect on a student's cognitive, social, emotional or educational development or performance and deviates from accepted norms. The term language disorder does not include students whose communication problems result solely from a native language other than English or from their dialectal differences.

24:05:24.01:28. Criteria for language disorder. A student may be identified as having a language disorder as a primary disability if:

- (1) Through age eight, performance falls 1.5 standard deviations below the mean on standardized evaluation instruments; beginning at age nine, a difference is present of 1.5 standard deviations between performance on an individually administered standardized language assessment instrument and measured expected potential as measured by an individually administered intelligence test; and
- (2) The student's pragmatic skills, as measured by checklists, language samples, or observation, adversely affect the student's academic and social interactions.

COMMONLY ASKED QUESTIONS

- 1. Does a student have to meet the criteria for a language disorder in order to receive speech and language services as a related service?**

No, the criteria which is in place for speech or language impairments (language disorder) is utilized when speech or language impairments is the **PRIMARY** disabling condition. It is not required that a student in need of special education meet this criteria in order to receive speech and language as a related service. To be provided as a related service, the IEP team must determine that the related service is necessary in order for the student to benefit from his special education program.

- 2. What does “through age eight” mean?**

“Through age eight” means students who have not yet turned age 9. For example, a student who is 8 years, 11 months old, is not yet 9.

- 3. For a suspected language disorder through age eight must the performance fall one and a half (1.5) standard deviations below the mean on standardized evaluation instruments?**

Yes. For example an evaluation tool which has a mean of 100, the standard deviation is equal to 15 points. One and a half standard deviations equals 23 points, which means the student's standard score must be at 77 or below to meet this portion of the eligibility criteria for language disorder.

- 4. Can subtest scores be used when figuring eligibility for language disorders?**

No, subtest scores may not be used when determining if a student meets the criteria for having a language disorder.

- 5. If a student has a speech or language impairment as his primary disabling condition and he receives language therapy, upon turning age 9, does he have to be reevaluated with an ability measure and standardized language assessment?**

No. Reevaluation must be completed at least once every three years, or if the child's parent or teacher requests an evaluation or if conditions warrant.

- 6. Can clinical judgment be used when determining eligibility?**

No. The administrative rule does not include the use of clinical judgment when determining eligibility.

- 7. Why are students required to take an ability measure after age nine?**

After the age of nine, students are more likely to exhibit a specific learning disability rather than a language disorder. By requiring the use of an ability measure after the age of nine, the category of language disorder is aligned with the evaluative requirements of specific learning disabilities. This allows the IEP team to determine whether or not the educational difficulties are the results of a language disorder or learning disability.

TRAUMATIC BRAIN INJURY

SD Administrative Rules pertaining to eligibility criteria for traumatic brain injury:

24:05:24.01:29. Traumatic brain injury defined. A traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The terms does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Adverse effects in educational performance must be verified through the multidisciplinary evaluation process as defined in §24:05:13:01(18).

Suggested evaluations to be conducted based on traumatic brain injury as a suspected disability-
<ul style="list-style-type: none">-Ability-Academic achievement-Speech/language-Adaptive behavior-Motor-Social skills-Current medical data should be made available-If the team decides there are other areas of suspected disability, other evaluations must be given, including, if appropriate, hearing, behavior, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. **Can a student who has suffered an internal brain injury, such as a stroke or aneurysm, meet the criteria for eligibility under the category traumatic brain injury?**

Students who have had an internal brain injury, or who have a congenital or degenerative brain injury are not included in the definition of traumatic brain injury. This does not necessarily prohibit students with these conditions from receiving appropriate special education services. If a student with one of these conditions meets the eligibility criteria under another Individuals with Disabilities Education Act (IDEA) category of disability and is determined to be in need of special education, then the student's IEP must call for provision of special education and related services based on an assessment of the student's unique needs. The student's subsequent placement must be based on the IEP and not on the identified category of disability.

2. **If an eligible student is returning from a long term rehabilitative situation, what procedural steps should the receiving district take to prepare for the student?**

The steps a district will take vary with the intensity of the student's needs. It is a good idea for the receiving district to be in direct contact with the rehabilitation facility in order to facilitate a positive transfer back to the school setting. Work with the family to maintain the lines of communication. If it is possible, participate in staffings through Conference call or speak to the student's case manager from the facility. Keep actively involved and informed. The district may consider developing a short-term evaluation program to have in place upon an eligible student's return to school. The use of a short-term evaluation program provides the eligible student with special education services, while the district can observe and pursue additional evaluative information in order to develop an appropriate educational program.

VISUAL IMPAIRMENTS

SD Administrative Rule pertaining to eligibility criteria for visually impaired:

24:05:24.01:30. Visual impairment including blindness defined. Visual impairment including blindness is an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

A student with a visual impairment has a deficiency in visual acuity that, even with the use of lenses or corrective devices, requires special education or special education and related services.

Partial sight is one or more deficiencies in visual acuity, as follows:

- (1) Visual acuity of no better than 20/70 in the better eye after correction.
- (2) Restricted visual field.
- (3) Limited ability to move about safely in the environment because of visual disability.

Blindness is a deficiency in visual acuity of 20/200 or less in the better eye with correcting lenses or a limited field of vision in which the widest diameter subtends an angular distance of no greater than twenty degrees or has a medically indicated expectation of visual deterioration.

Suggested evaluations to be conducted based on visual impairments as a suspected disability-
<ul style="list-style-type: none">-Ophthalmological evaluation-Ability-Academic achievement-Adaptive behavior-Braille assessment (the team shall consider based upon age-appropriateness)-If the team decides there are other areas of suspected disability, other evaluations must be given, including, if appropriate, orientation and mobility, social skills etc.
REMINDER-
<ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. **Does a student who has been medically identified as either visually impaired or blind automatically qualify for special education services?**

Any student, regardless of his identified disability, must meet a two prong test to be considered eligible for special education in South Dakota. First, the student must have an identified disability which meets the criteria outlined in SD Administrative Rule. Second, the disability must adversely affect educational performance which results in the need for special education or special education and related services. Therefore, it would be possible that a student could meet the eligibility criteria and have an identified disability; however, evaluation shows that the student's disability does not adversely affect his educational performance. Therefore, the student would not be considered in need of special education under South Dakota Administrative Rule.

2. **Where can families and professionals go to receive assistance with evaluations, training and program development when working with children who are visually impaired?**

One source of information is the South Dakota School for the Blind and Visually Impaired. The school provides educational residential programs, outreach consulting services and comprehensive multidisciplinary assessments to evaluate a student's abilities and current skills. The address for the South Dakota School for the Blind and the Visually Impaired is:

South Dakota School for the Blind and Visually Impaired
423 17th Avenue SE
Aberdeen, SD 57401
(605) 626-2580

DEVELOPMENTAL DELAY

SD Administrative Rule pertaining to the eligibility criteria for developmental delay:

24:05:24.01:09. Developmental delay defined. A student three, four, or five years old may be identified as a student with a disability if the student has one of the major disabilities listed in §24:05:24.01:01 or if the student experiences a severe delay in development.

A student with a severe delay in development functions at a developmental level two or more standard deviations below the mean in any one area of development specified in this section or 1.5 standard deviations below the mean in two or more areas of development.

The areas of development are cognitive development, physical development, communication development, social and emotional development, and adaptive functioning skills.

The student may not be identified as a student with a disability if the student's delay in development is due to factors related to environment, economic disadvantage, or cultural difference.

A district is not required to adopt and use the term developmental delay for any students within its jurisdiction. If a district uses the term developmental delay, the district must conform to both the division's definition of the term and to the age range that has been adopted by the division.

A district shall ensure that all of the student's special education and related services needs that have been identified through the evaluation procedures described under chapter [24:05:25](#) are appropriately addressed.

Suggested evaluations to be conducted based on developmental delay as a suspected disability-
-Standardized assessment provides information in the development areas, including cognitive, physical, communication, social and emotional or adaptive functioning. -If the team decides there are other areas of suspected disability, other evaluations must be given as appropriate.
REMINDER- <ul style="list-style-type: none">• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

- 1. The category of developmental delay is specifically for use with children who are ages 3, 4 and 5 who are in need of special education or special education and related services. Upon turning age 6, does the child have to be automatically reevaluated to determine which category he may now be eligible under?**

Upon turning age 6, in order to receive special education services, the child must meet the criteria for eligibility outlined in administrative rules for the thirteen disability categories. It is the responsibility of the team to determine if they have current, appropriate evaluation information with which to make this determination. For some children, this may mean they will need to be reevaluated. For other children who have a current comprehensive assessment, reevaluation may not be necessary. The IEP team is responsible for ensuring that the child has been appropriately evaluated.

- 2. Please explain the two different standard deviation measures given in ARSD 24:05:24:01.19 Developmental delay defined.**

A student can meet the criteria for developmental delay two ways. First, a student can be functioning at a developmental level of 2 or more standard deviations below the mean (usually a score of 70 or below on a standardized measure) in any one area of development (cognitive, physical, communication, social and emotional or adaptive functioning). The second way a student could meet the criteria is by functioning at a developmental level of 1.5 standard deviations (usually a score of 78 or below on standardized tests) in any two areas of development (cognitive, physical, communication, social and emotional or adaptive functioning) .

- 3. Is developmental delay the only disability category that can be used with students who are 3, 4 or 5 years old ?**

No, a student who meets the criteria of any of the categories listed in administrative rule and who is determined to be in need of special education or special education and related services may be identified by that category.

PROLONGED ASSISTANCE

SD Administrative Rule pertaining to eligibility criteria for prolonged assistance:

24:05:24.01:15. Prolonged assistance defined. Children from birth through two may be identified as being in need of prolonged assistance if, through a multidisciplinary evaluation, they score two standard deviations or more below the mean in two or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.

Evaluations to be conducted based on prolonged assistance as a suspected disability-

-Standardized assessment which provides assessment in all developmental areas: cognitive, physical, communication, social and emotional, and adaptive functioning.
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COMMONLY ASKED QUESTIONS

1. What age group does prolonged assistance apply to?

Prolonged assistance applies only to children, birth through age two. Upon turning three, the IEP team must utilize developmental delay and the other thirteen categories to determine if a child is in need of special education or special education and related services.

2. Who is responsible for paying for the evaluation of children who are suspected of being in need of prolonged assistance?

School district requirements related to child find and evaluation are included in each local school district's comprehensive plan. While school districts are only required to provide services to children in need of prolonged assistance, they are responsible for identification, location and evaluation of any child that would qualify under Part B of Individuals with Disabilities Education Act (IDEA) , regardless of the severity of his disability. This is true even for those children not suspected of being in need of prolonged assistance. A school district is required to evaluate any child that it suspects may be eligible as a "child with disabilities" under Part B of Individuals with Disabilities Education Act (IDEA) , not just those children in need of prolonged assistance. If a school district does not suspect a child would be eligible under Part B as a "child with a disability," then the district is not required to evaluate the child. However, the school district must notify the parents that they are not going to evaluate their child following the prior notice requirements found in ARSD Chapter 24:05:30, Procedural Safeguards.

IEP TEAM OVERRIDE

SD Administrative Rules pertaining to IEP team override:

24:05:24.01:31. IEP team override. If the IEP team determines that a student is eligible for special education or special education and related services because the student has a disability and needs special education even though the student does not meet specific requirements in this chapter, the IEP team must include documentation in the record as follows:

(1) The record must contain documents that explain why the standards and procedures that are used with the majority of students resulted in invalid findings for this student;

(2) The record must indicate what objective data were used to conclude that the student has a disability and is in need of special education. These data may include test scores, work products, self-reports, teacher comments, previous tests, observational data, and other developmental data;

(3) Since the eligibility decision is based on a synthesis of multiple data and not all data are equally valid, the team must indicate which data have the greatest relative importance for the eligibility decision; and

(4) The IEP team override decision must include a sign-off by the IEP team members agreeing to the override decision. If one or more IEP team members disagree with the override decision, the record must include a statement of why they disagree signed by those members.

The district director of special education shall keep a list of students on whom the IEP team override criteria were used in order to assist the state in evaluating the adequacy of student identification criteria.

COMMONLY ASKED QUESTIONS

1. If a district uses the IEP team override process, exactly what are they saying?

In utilizing the IEP team override process, the IEP team is saying that a student has a disabling condition and requires special education, even though the student does not meet all the eligibility criteria defined in administrative rule. The team is making the statement that although the tests given to the student were valid, reliable, and appropriate, they have resulted in invalid results for that student.

2. What are the procedures a district must follow when using the IEP team override?

The district must follow all the basic evaluation procedures outlined in ARSD Chapter 24:05:25, Evaluation and Placement Procedures, in order to determine a student's eligibility for special education services. The responsibility for conducting a student's evaluation rests with the IEP team. All of the decisions are made by the IEP team as a whole, including the parents, not by one individual alone.

Each student who is evaluated for a suspected disability must be measured against his own expected performance and not against some arbitrary general standard. The IEP team, including the parents, must determine which tests and evaluation materials are used to evaluate the student. In the evaluation process, professional judgment plays a role in decision making.

In order for a school district to consider the use of the IEP team override, the district must have completed all of the required evaluation procedures in ARSD Chapter 24:05:25, Evaluation and Placement Procedures. Only then, will the school district be in the position of documenting and explaining why the standards and procedures used with most students were not valid for the student in question. The documented explanation, coupled with objective data, will serve as the basis for determining eligibility. IEP team members who agree to the override decision must sign-off to this effect. Those members who disagree must make a statement as to why they disagree, include it with the record and sign off.

The district is responsible for maintaining a list of those students on whom a IEP team override decision was used for determining eligibility for special education services.

3. Can a student who has been determined to be eligible through the override process be listed on child count?

Yes. The student may be listed on child count if he is enrolled in school and has been receiving special education and related services as noted on the IEP as of December 1 of the count year.

4. We have a student who we have a “gut feeling” needs special education. Is this enough to document the placement committee override process?

No. The IEP team must document through objective data how they concluded the student has a disability and is in need of special education. The data may include test scores, work products, self-reports, teacher comments, previous tests, functional assessment, observational data, and other developmental data.

5. During the compliance monitoring process, can Special Education Programs overrule the local IEP team's decision of using an override? What sanctions will Special Education Programs use if a district incorrectly completes an override or has too many students on overrides?

The Special Education Programs staff will not overrule a local IEP team's decision. Through the monitoring process, staff will review the district's procedures and the use of the override process. In the compliance monitoring process, systemic problems are the area of focus. Therefore, if through monitoring the team finds that a district is not following all the administrative rule components for the IEP team override process, district staff can expect that the office will ask the district to pursue corrective action to correctly use the IEP team override process.

There is no set number of students allowed to be made eligible through the override process. The nature of the process dictates that it will be used very narrowly and infrequently. Districts are required to keep a list of the students made eligible through the override process to assist the state in evaluating the adequacy of the student identification criteria. In reviewing this list, the state will be able to have immediate information on the numbers of students identified and the disabling condition under which the override was applied. A high number of students made eligible through the override procedure might suggest that the district is not accurately applying the IEP team override process, as use of the override should occur on a limited basis. This type of information would prompt the monitoring team to review the override procedures used by the district to determine if it is being applied according to administrative requirements. If it is determined that the district has applied the override procedures correctly, no corrective action would be required.

Suggested IEP Team Override Form

STUDENT _____ BIRTHDATE ____ \ ____ \ ____
 AGE _____ SEX M / F
 GRADE _____ SCHOOL _____
 PARENT/GUARDIAN _____
 ADDRESS _____ ZIP _____ PHONE _____
 DATE OF MEETING ____ \ ____ \ ____

The IEP team **must** document the following:

- 1. Explain why the standards and procedures that are used with the majority of students resulted in invalid findings for this student.**
- 2. Indicate what objective data were used to conclude that the student has a disability and is in need of special education. Data may include test scores, work products, self-reports, teacher comments, previous tests, observational data, and other developmental data.**
- 3. Indicate which data have the greatest relative importance for the eligibility determination.**
- 4. IEP team members must sign-off agreeing to the override decision. If one or more IEP team members disagree with the override decision, the disagreeing members must include a statement of why they disagree, signed by those members.**

IEP team member signatures:

[illegible]